

Name
in
Full

Julia Rebreen Ambrose

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Derryfield	Frederick			
Date of death	Month	Day	Years	Months	Days
1903	April	20	34		
Sex	Female	Color or Race	White	Birth-place	
Married, Single or Widowed	Single	Occupation	House maid		
Name of Wife or Husband					
Father's Name	Geo W Ambrose				
Mother's Maiden Name	Matilda Ambrose				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Softening

How long

3 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

2 E. Jefferson and
Charmont, Ind.

Accident or Suicide?



Name
in
Full

Vasena Anderson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Fredrick

Fredrick

MARYLAND

Date
of death 190

3

Month

Apr 20th

Day

Years

—

Age

Months

—

Days

9

Sex

Female

Color or
Race

Colored

Birth-
place

Fredrick

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

John Anderson

Father's
Birthplace

Fredrick

Mother's
Maiden Name

Hoprence Davis

Mother's
Birthplace

Fredrick

Name of person giving
Information

John Davis

How related
to deceased

Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

Immediate

Exhaustion

15

How long

Several days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Dr. U.G. Bowens

Address

Accident or Suicide?



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

Levi Baltzell

CERTIFICATE OF DEATH

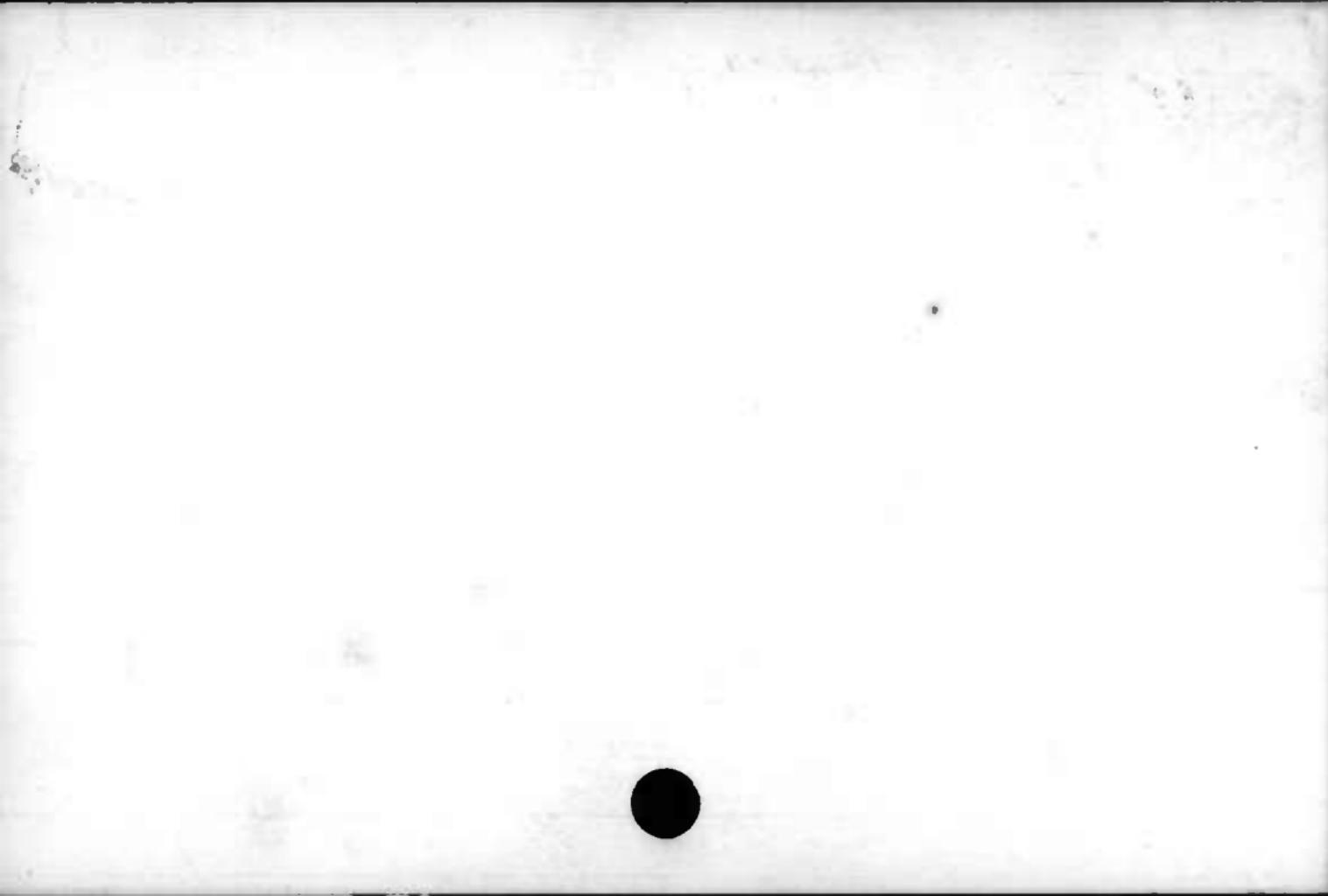
Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
of death 1903	April	64	3
Age	Day	Days	—
Sex	Male	Color or Race	Birthplace
		White	Lewisburg Md.
Married, Single or Widowed	Occupation	Married Farmer	
Name of Wife or Husband		Mary F. Shaid	
Father's Name	Aaron Baltzell	Father's Birthplace	Woodshore
Mother's Maiden Name	Susana Reyner	Mother's Birthplace	Breagerstown
Name of person giving information	Noah Baltzell	How related to deceased	Brother

CAUSES OF DEATH

Primary	Cerebral Paralysis	How long
Immediate	Heart failure	8 day

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Yes	J. D. S. Young M.D.
Breagerstown	Address
Accident or Suicide?	



Name
in
Full

Elisabeth Barnes No. 11

CERTIFICATE OF DEATH

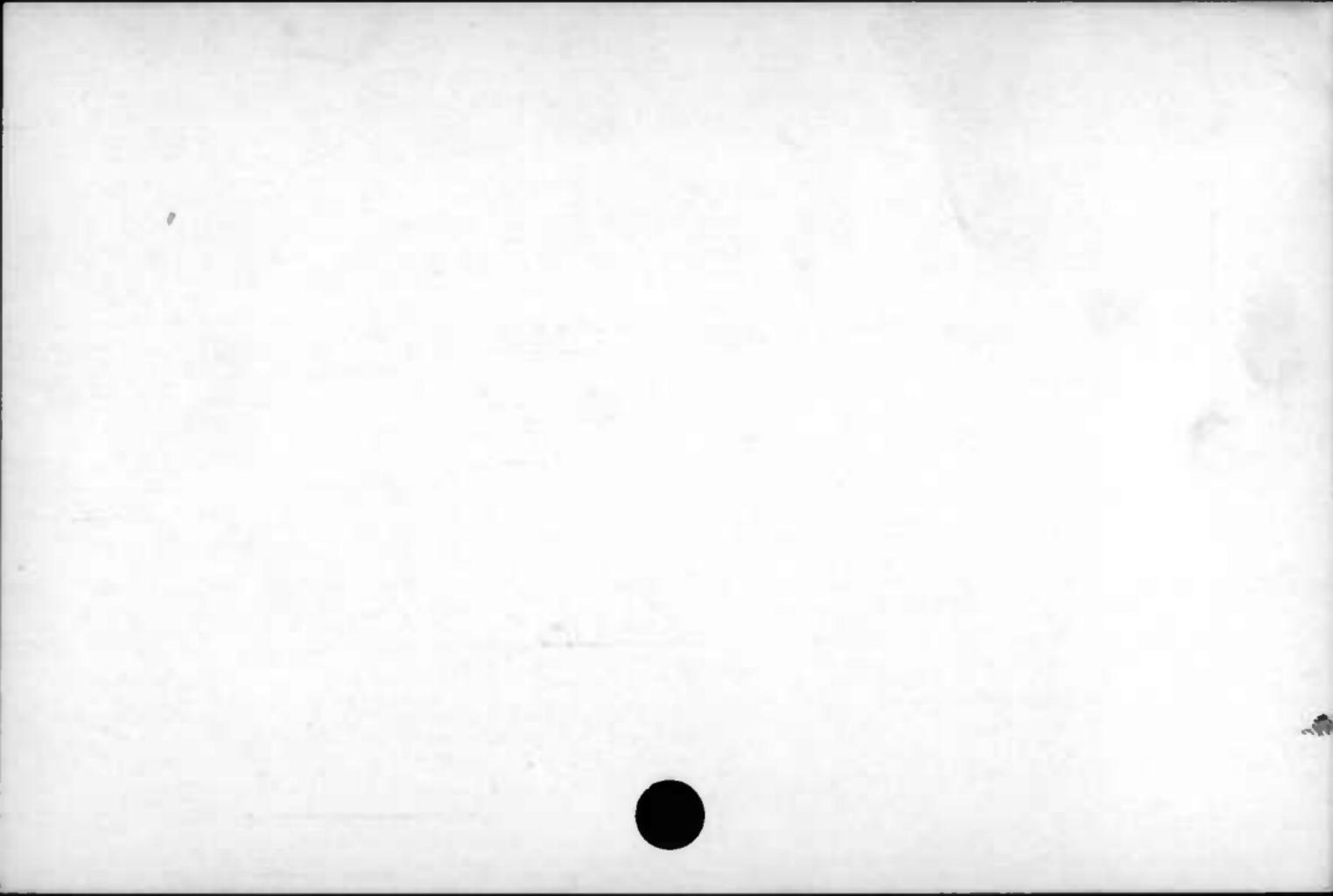
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Fountain Mills	County	MARYLAND		
Date of death 1903	Month	April	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Birth- place	dont know	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	dont know			Father's Birthplace	dont know	
Mother's Maiden Name	dont know			Mother's Birthplace	" "	
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	La Grippe			How long	
Immediate	Asthenia			10 How long 2 months	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Howard N. Hopkins Jr	
			Address	New Market, Md.	
Accident or Suicide?		No			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

George Beetz				CERTIFICATE OF DEATH		
Died at	Town <i>Frederick</i>	County <i>Frederick</i>	MARYLAND			
Date of death 1903	Month <i>April</i>	Day <i>26</i>	Years <i>78</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>	Age <i>78</i>	Birth- place <i>Mid.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Carpenter</i>					
Name of Wife or Husband <i>Catherine</i>	<i>Beall</i>					
Father's Name <i>Don't know</i>			Father's Birthplace			
Mother's Maiden Name <i>Don't know</i>			Mother's Birthplace			
Name of person giving Information			How related to deceased			

PHYSICIAN
OR CORONER

CAUSES OF DEATH			
Primary	<i>Severe Debility</i>	<i>15</i>	How long <i>several years</i>
Immediate	<i>Asthenia</i>	<i>15</i>	How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>S. V. Haffner</i>	Address <i>Frederick Mid.</i>
Accident or Suicide?			



Name
in
Full

Simon Bowen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	1903	Month apr	Day 11th	Years Age	63	Months Days
Sex	Male	Color or Race	Colored	Birth-place	Frederick Co Md.	
Married, Single or Widowed	Occupation		Married Laborer,			
Name of Wife or Husband	Minnie Bowen					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					
Minnie Bowen Wife						

CAUSES OF DEATH

Primary	Heart Disease, (Mitral incompetency)	How long	Indefinite
Immediate	Pulmonary congestion	How long	Two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr W G Bourne
As well as could be ascertained.		Address	52 St. all Saint St.
Accident or Suicide?		X	



Elsie Brown

Town

County

Died at

Buckeystown Sta.

Fried

MARYLAND

Date 1903

Month Day

Y. M. D.

Native of

Occupation

Apr. 18

Age 1-10-8

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Virginia Mary Jones

Cause of

Primary

Hydrocephalus with generalized

How long sick

3 weeks

Death

Immediate

meningitic condition

Accident, Suicide, Homicide

Reported by

T. Clyde Routson M. D. 150

Address

Buckeystown



Md

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louisa

Burst

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Frederick	Frederick	
Date of death 1903	Month April	Day 9	Years
Sex Female	Color or Race White	Age	Months Days
Married, Single or Widowed	Occupation	Birth-place Bavaria	
Name of Wife or Husband	Conrad Burst	Father's Name	Bavaria
Father's Name	Danl Sandmeyer	Birthplace	Bavaria
Mother's Maiden Name	Maria Hünigher	Mother's Birthplace	Bavaria
Name of person giving information	Mr. Louis Sandmeyer	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Kidney Heart Disease (nephritis) Dyspnoea	How long	mother 9 years
Immediate	Pulmonary Oedema	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Crawford Burdette
		Address	Frederick, Md.
Accident or Suicide?	Not		

Mt. Olivet Cemetery

Sunday ⁴/12, 03

Occasional

Mrs Emily Crookson

Town

County

Died at

Baltimore City

MARYLAND

Date 1903	Month 4	Day 26	Y. 69	M. —	D.	Native of U.S.	Occupation
— Male —		White	Married		Widow	Divorced	
Female		Colored	Single		Widower	Number of children living	one

Husband of

John Coshen deceased

Wife

Father's Name

Edw. Knudt

Mother's

Don't know

Maiden Name

Cause of Death

Primary

Pneumonia

013

How long sick

7 days

Immediate

Paralysis of Heart

Accident, Suicide, Homicide

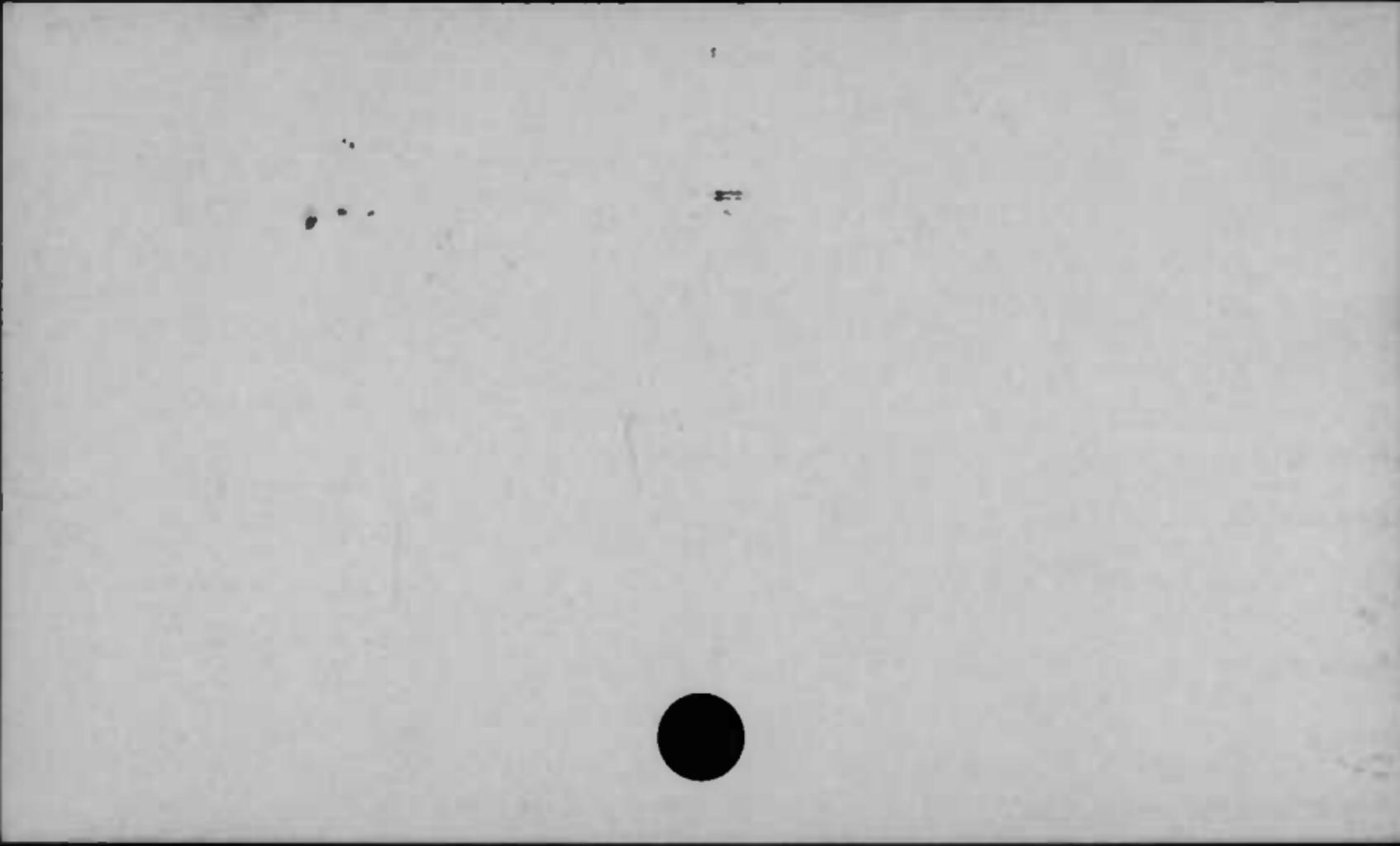
Reported by

Franklin Bedaux Dr. D.

City

X

Address



Name
in
Full

Ernest Cooper

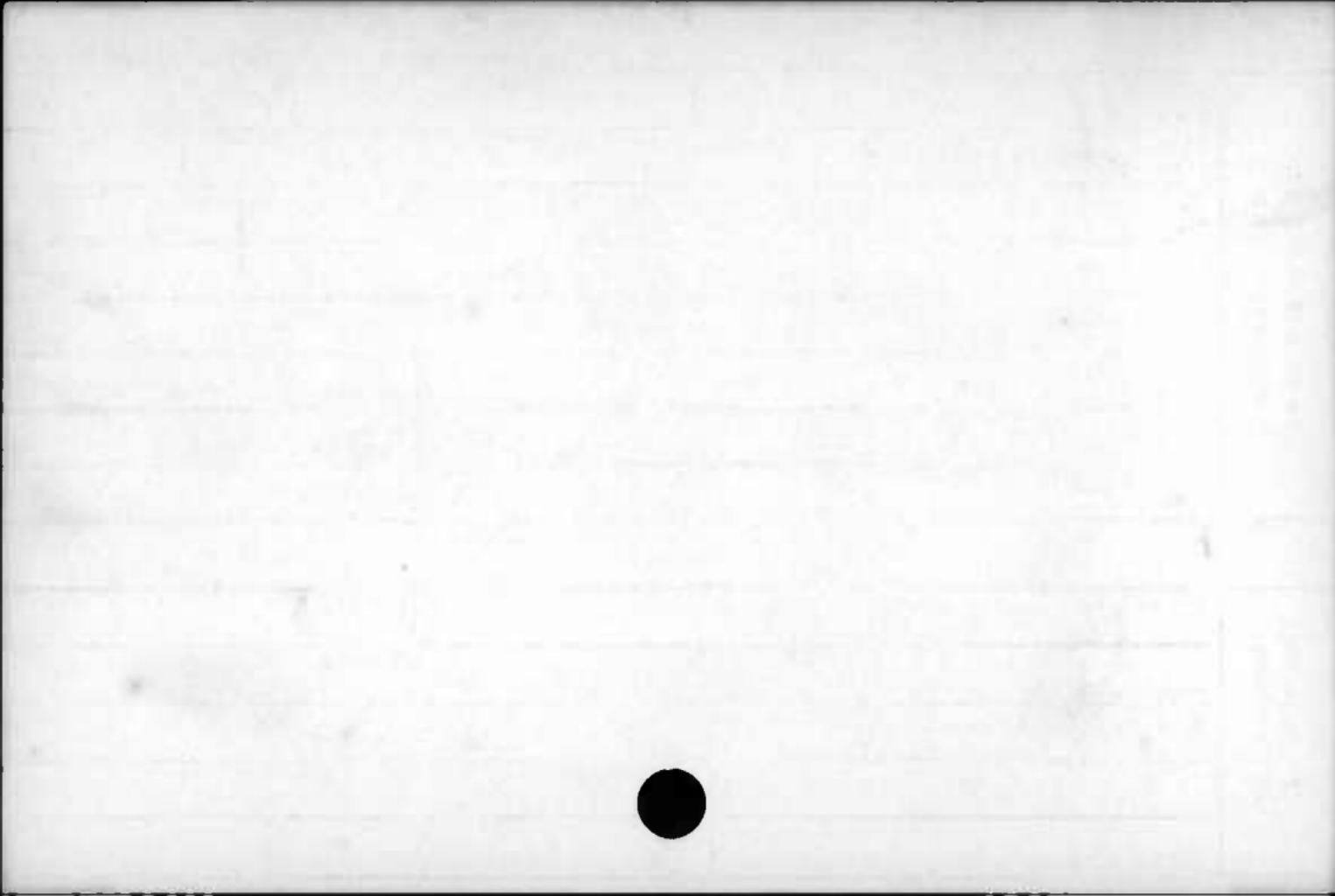
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	white	Birth-place	Brunswick	
Married, Single or Widowed	single		Occupation	none		
Name of Wife or Husband						
Father's Name	Herbert Cooper			Father's Birthplace	W. Va.	
Mother's Maiden Name	Sally Garrison			Mother's Birthplace	Va.	
Name of person giving information	How related to deceased					

CAUSES OF DEATH

Primary	Measels		How long	3 days
Immediate	Bronch Pneumonia		How long	12 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	a. G. Horine	
		Address	Brunswick, Md.	
Accident or Suicide?				



Ethan Allen Cramer

Town Frederick County

MARYLAND

Died at

Date 1903

Month April Day 14

Y. 94 M. 11 D. 13

Native of Md

Occupation Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 7

Husband of

Wife

Father's

Mother's

Name

Maiden Name

20

Cause of

Primary

General Debility

due

How long sick

10 days

Death

Immediate

to old age

Accident, Suicide, Homicide

Reported by

Frank Hedge M. D.

Address

Frederick

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

1



Name
in
Full

Franklin E. Grammer

CERTIFICATE OF DEATH

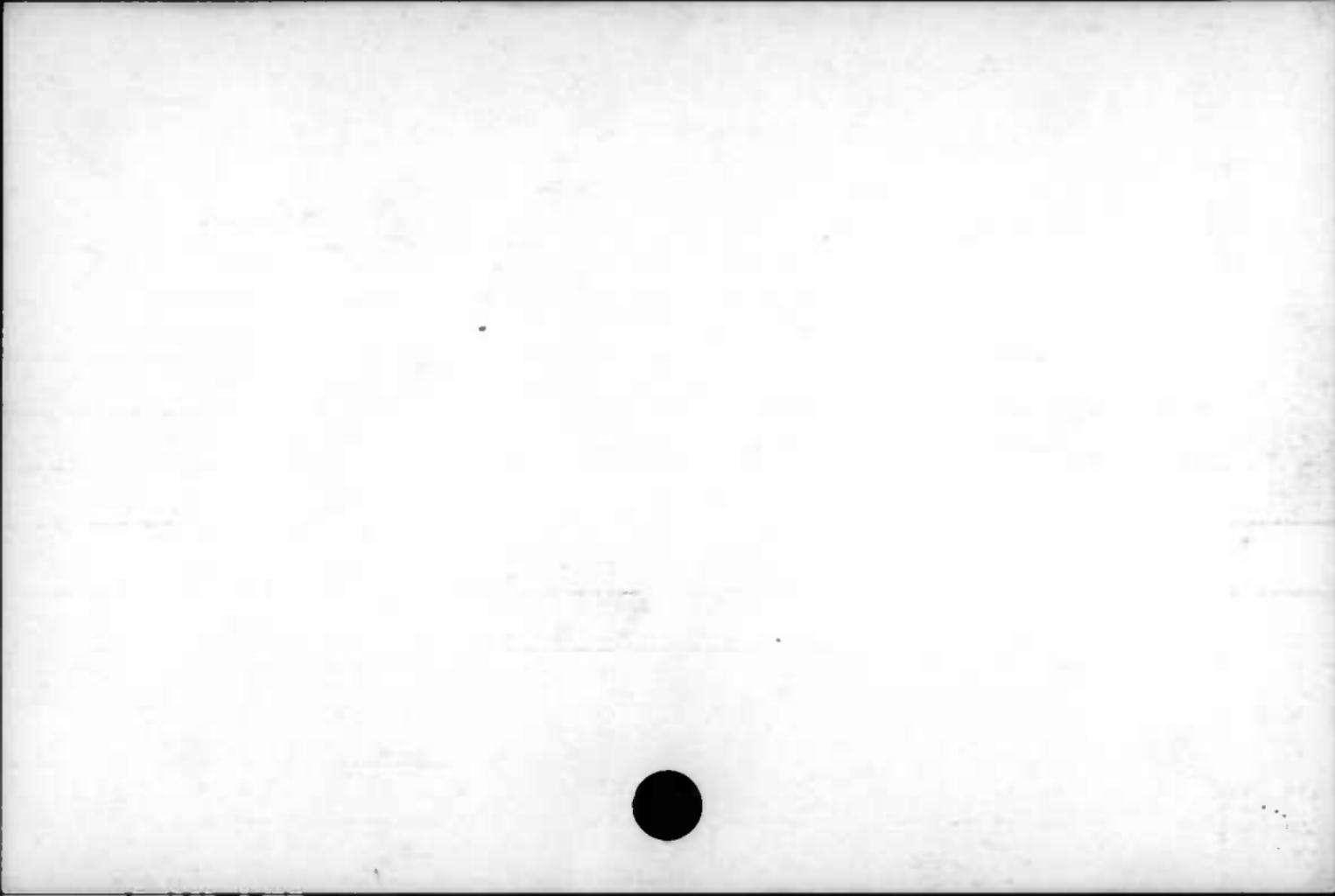
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u>		Town <u>Frederick</u>	County <u>Franke</u>	MARYLAND		
Date of death <u>1903</u>	Month <u>4</u>	Day <u>26</u>	Age <u>5</u>	Years	Months <u>3</u>	Days <u>✓</u>
Sex <u>Male</u>	Color or Race <u>White</u>				Birth-place <u>Md.</u>	
Married, Single or Widowed <u>X</u>	Occupation					
Name of Wife or Husband <u>X</u>						
Father's Name <u>Harry M. Grammer</u>				Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Lily Schrader</u>				Mother's Birthplace <u>Md.</u>		
Name of person giving information <u>H. M. Grammer</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pneumonitis Membranous Group</u>	How long <u>48 hours</u>
Immediate <u>Heart paralysis</u>	How long <u>1 hour</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Chas. F. Goodwin</u>
<u>Non-dystrophic</u>	Address <u>Frederick.</u>
Accident or Suicide? <u>✓</u>	



Name
in
Full

Harratt Grome

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death 1903	Month April	Day 31	Age 73	Months —	Days —
Sex Female	Color or Race White	Birth- place Middle town of Frederick			
Married, Single or Widowed Married	Married	Occupation Retired			
Name of Husband John E Grome					
Father's Name John Walker	Father's Birthplace				
Mother's Maiden Name Mary McCormick	Mother's Birthplace				
Name of person giving information Mrs L E Kepler	How related to deceased Daughter				

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Paralysis of lungs 95

How long

2 hours

Immediate

Drunk & lungs

How long

2 hours

Are the name, age, sex, color, date
and place correctly given above?

Yrs

Signature of
Physician

Address

J. J. Maynard

17 Second St. W.

Accident or Suicide?



Name
in
Full

John S Cutsail
Crabby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u>			County			
Died at	Crabby		Fredensd		MARYLAND	
Date of death	1903	Month 4	Day 8	Years 74	Months	Days
Sex	Male	Color or Race	White	Birth-place	Md	
Married, Single <u>Widow</u>			Occupation	Farmer		
Name of Wife or Husband		X X X				
Father's Name		X X A	Father's Birthplace		X A	
Mother's Maiden Name		X X X X X	Mother's Birthplace		X X A	
Name of person giving Information		John Cutsail		How related to deceased		Rife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Silobolism & heart	How long	3 yrs
Immediate	Ex hockhurt	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	N. D. Long
		Address	Fredensd Md.
Accident or Suicide?			

Mt. Olivet Cemetery

April 11th 1903

C. C. Cady

Name
in
Full

Mrs Catherine Dietrich

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	Frederick	MARYLAND	
Date of death 1908	Month	4	Day	7	Years	66
Age	Months	5	Days	26		
Sex	Female	Color or Race	White	Birth-place	Germany	
Married, Single or Widowed	Widow	Occupation	Housewife			
Name of Wife's Husband	Justus Dietrich.					
Father's Name	Gezlach.					
Mother's Maiden Name	Germany					
Name of person giving information	Adam Dietrich					
	Son					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Heart Disease (Tricuspid Valve)

79

How long

Several years

Immediate

Gouty inflammation of kidneys by heart

How long

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

S. S. Maynard.

Address

17 Second St. W.

Accident or Suicide?

over

Statement at Met Oliver

" April 9th

A. F. Rice & Sons.

Name
in
Full

George Differbaugh

CERTIFICATE OF DEATH

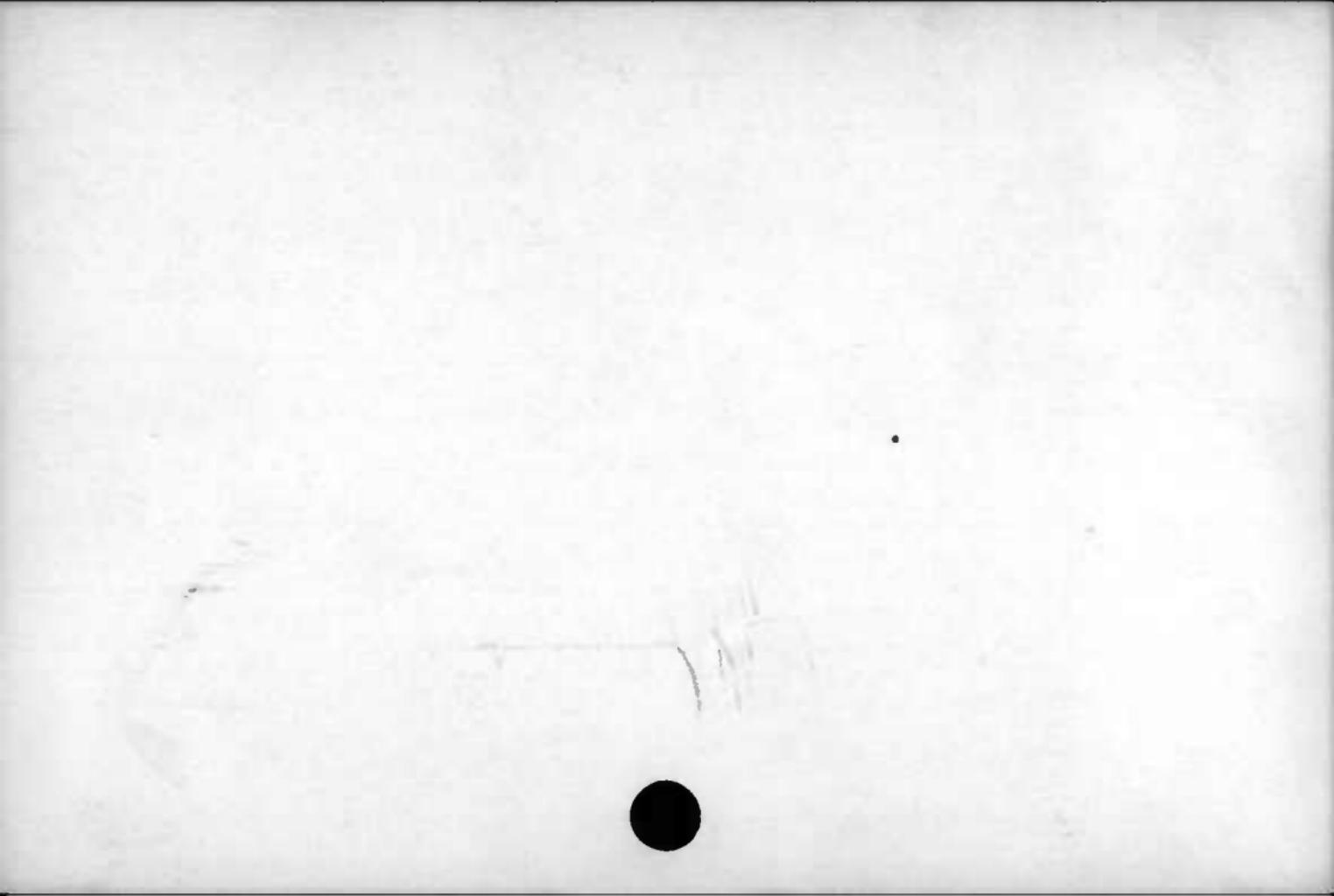
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 12	Years Age 20 "	Months	Days
Sex Married Male	Color or Race Single Single	Occupation La borer -	Birth- place Maryland		
Name of Wife or Husband				Father's Name Newton Differbaugh	Mother's Name Maryland
Mother's Name Mary				Father's Birthplace Maryland	Mother's Birthplace MD
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Inflammatory Consumption -	How long Hrr 2 day only
Immediate Exhaustion -	How long Hrr
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician S. S. Maggard.
Accident	Address 17 Grand St N.
Yrs.	X



Name in Full

Certificate of Death

Dinterman Agnes.

Town Pearl, Frederick Co Md County MARYLAND

Died at Pearl, Frederick Co Md

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<u>1903</u>	<u>4</u>	<u>28</u>	<u>-</u>	<u>9</u>	<u>-</u>		
Male	White	Married	Widow	Divorced			
Female	Cooed	Single	Widower	Number of children living			

Husband of	Wife
<u>Lewis D Dinterman</u>	

Father's Name	Mother's Name
<u>Lewis D Dinterman</u>	<u>Sarah Dinterman</u>

Cause of Death	Primary	Secondary	How long sick
Immediate	<u>Eczema Rubrum</u>	<u>Asthma</u>	<u>3 mos</u>

Death	Primary	Secondary	How long sick	Accident, Suicide, Homicide
Immediate	<u>Eczema Rubrum</u>	<u>Asthma</u>	<u>3 mos</u>	<u>None</u>

Reported by	Primary	Secondary	How long sick	Accident, Suicide, Homicide
<u>H P Fahney</u>	<u>MD</u>	<u>MD</u>	<u>3 mos</u>	<u>None</u>

Address	Primary	Secondary	How long sick	Accident, Suicide, Homicide
<u>Frederick</u>	<u>MD</u>	<u>MD</u>	<u>3 mos</u>	<u>None</u>

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Seen by Coroner _____
of _____

Interment

Information contained in this certificate
ceived from _____

Dot barrel

4/29-03 • 666

Name
in
Full

William E. Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	Frederick Co		
Date of death 1908	Month	4	Day	29	Years	21
Sex	Color or Race	Male	Black	Months	—	Days
				Birth-place	Liberty Md	
				Occupation	Laborer	
Name of Wife or Husband	X X ^					
Father's Name	William Dorsey					
Mother's Maiden Name	Unknown					
Name of person giving information	David Cortinae					
Father's Birthplace	Liberty Md					
Mother's Birthplace	X / X X					
How related to deceased	Uncle					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

10 days

Immediate

Tumor of Lung

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr Lucy
37 E Polk St 87

Accident or Suicide?



Peter Eaves

Town
Liberty Town

County
Franklin

MARYLAND

Died at

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Apr.	9	Age	82	4	Md	Retired Farmer
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	4

Husband of

Wife

Father's Name

Peter Eaves

Mother's Name

Mary Mullinix

Cause of Death

Primary

Aortic Stenosis

How long sick

3 days

Death

Immediate

External Hemorrhage

~~Accident, Suicide, Homicide~~

Reported by

Otis B. Stone M.D.

Address

Liberty Town Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Cyrus Octavius Horvile

^{own}
Burmont

County
Frederick

MARYLAND

Diad at

Month Day

Y. M. D.

Native of

Occupation

Date 1903

April 5-

Age 57-20/4

Widow

Male

White

Married

Femate

Colored

Single

Widower

Number of children living

6

Husband

of

Catherine Jane

Heason

Father's

Name

Samuel Horvile

Mother's

Maiden Name

Mary Mc Ginnis

Cause of

Primary

Aphexy

How long sick?

Die suddenly

Death

Immediate

Accident, Suicide, Homicide

Reported by

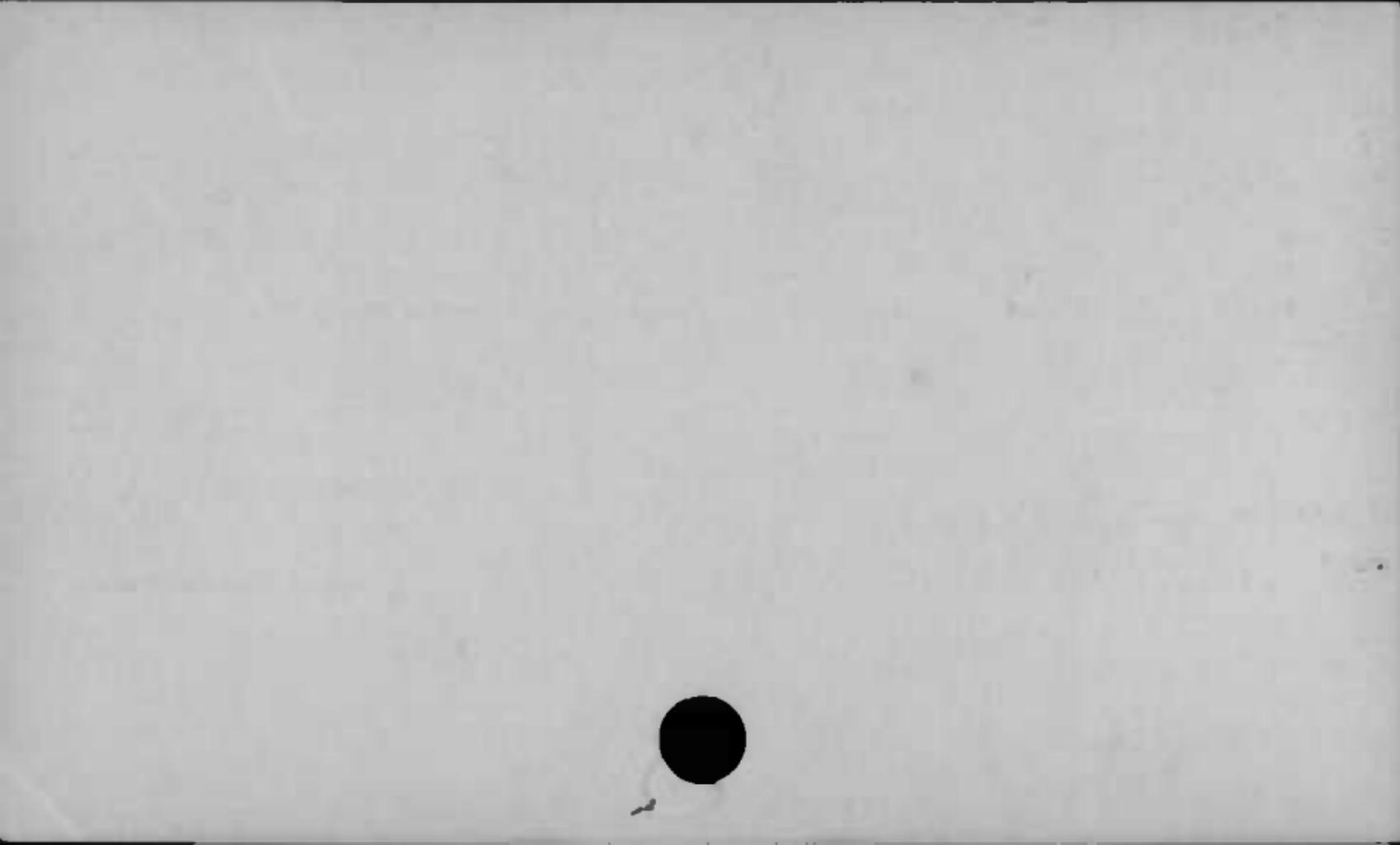
E. C. Chapman Jr.

Address

Burmont

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William M. Geaga

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1903	Month 4	Day 2	Age 82	Years	Months 9	Days 28
Sex	Male	Color or Race	White	Birth-place	Md.		
Married, Single or Widowed	Widow		Occupation	Retired Farmer,			
Name of Wife or Husband	Hester Preston						
Father's Name	George Geaga		Father's Birthplace	Md.			
Mother's Maiden Name	Catharine Pufit		Mother's Birthplace	Md.			
Name of person giving information			How related to deceased	120			

CAUSES OF DEATH

Primary Chronic Bright's Disease

How long Six years.

Immediate Atherosia & Conv.

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

S. P. Haffner, M.D.
Frederick,
Md.

Accident or Suicide?



Name
in
Full

Infant Forsythe
Frederick.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 8	Years	Months	Days 1
Sex Female	Color or Race Wh	Birth- place Md			
Married, Single or Widowed X	Occupation X				
Name of Wife or Husband X					
Father's Name Jas. P. Forsythe	Father's Birthplace Md				
Mother's Maiden Name Anna E. Taylor	Mother's Birthplace Md				
Name of person giving Information Physician	How related to deceased Physician				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Atalectasis Pulmonary	How long from birth
Immediate Exhaustion	How long X
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Chas J. Goodwin
	Address Frederick, Md
Accident or Suicide? V	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Miliard Antony Soiley
Died at Roddy P.O.

CERTIFICATE OF DEATH

MARYLAND

Town	Month	Day	Years	Months	Days
Roddy	April	13	—	Seoy	20
Date of death 1903	Age	Sex	Color or Race	Birth-place	Occupation
Male	white	Roddy			

Married, Single
or Widowed

Occupation

Name of Wife or Husband

Father's Name

Magillian Soiley

Father's Birthplace

Mother's Maiden Name

Ella Annie Scott

Mother's Birthplace

Name of person giving information

How related to deceased

105

Pa
Hartland

CAUSES OF DEATH

Primary

Chronic Dystrophic Paroxysms.

How long

Four months.

Immediate

Bronch Pneumonia

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

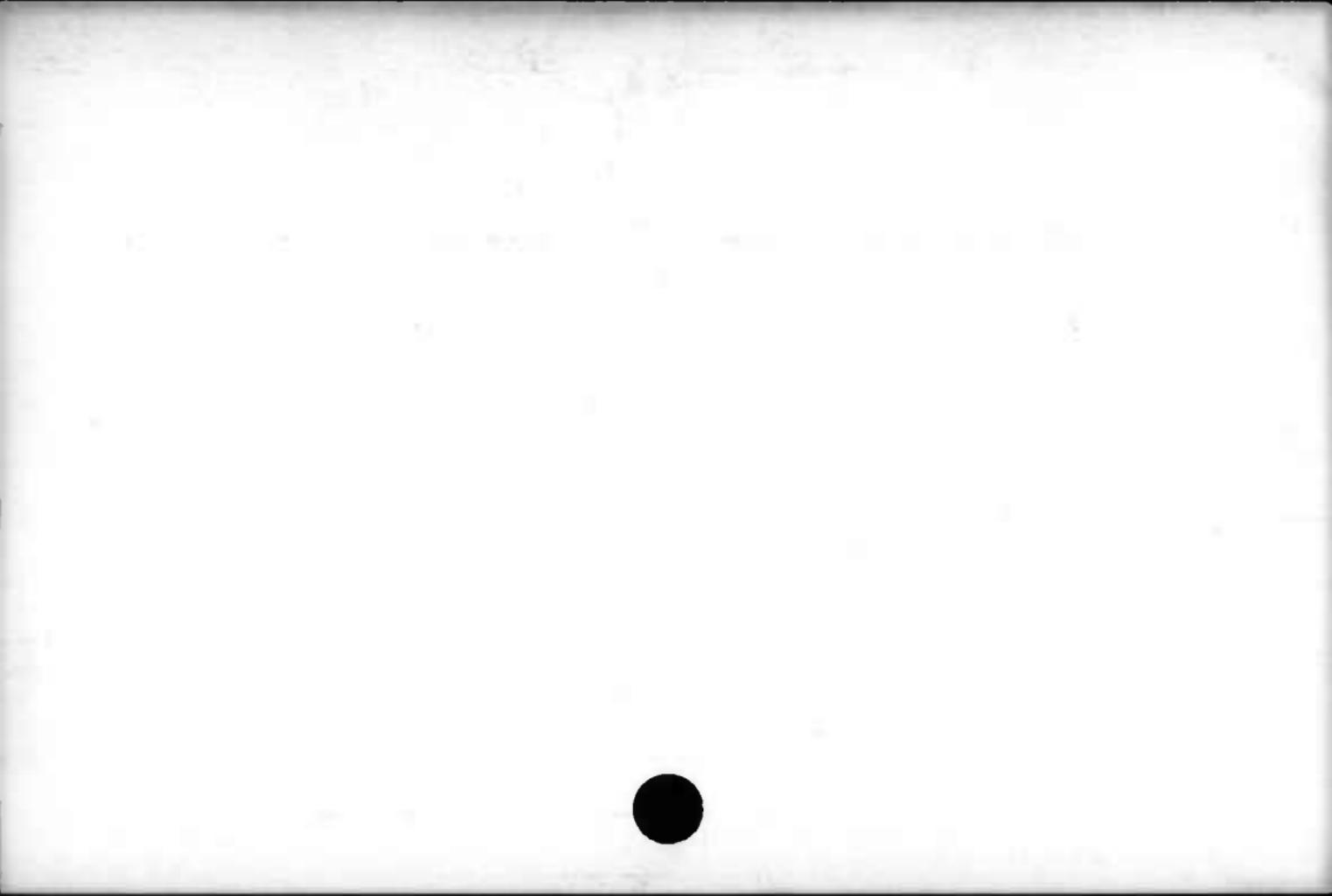
Yes

Signature of Physician

Address

E. C. Kefauver M.D.
Baltimore,
Maryland.PHYSICIAN
OR CORONER

Accident or Suicide?



Name in Full

Certificate of Death

Thomas Henry Graham

near Town

County

12

Died at Woodville Frederick

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1903 1903 April 11			Age 20.	5-	11	Maryland	Lab -
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living	

Husband of

Wife

Father's

Name Thos Graham

Mother's

Name Ellin Graham

Cause of

Primary

Typhoid Pneumonia 4 weeks

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

David M. Deville, M.D.

Address

Woodville

Frederick Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Pauline Grinder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 29	Years	Months 6	Days —
Sex Female	Color or Race White	Occupation	Birth-place	Creagerstown	
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	J. Frank Grinder		Father's Birthplace	Creagerstown	
Mother's Maiden Name	Florence M. Stansbury		Mother's Birthplace	Uniontown	
Name of person giving Information	J. Frank Grinder		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Congestion of lungs

95

How long

5 days

Immediate

Follicular tonsillitis

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

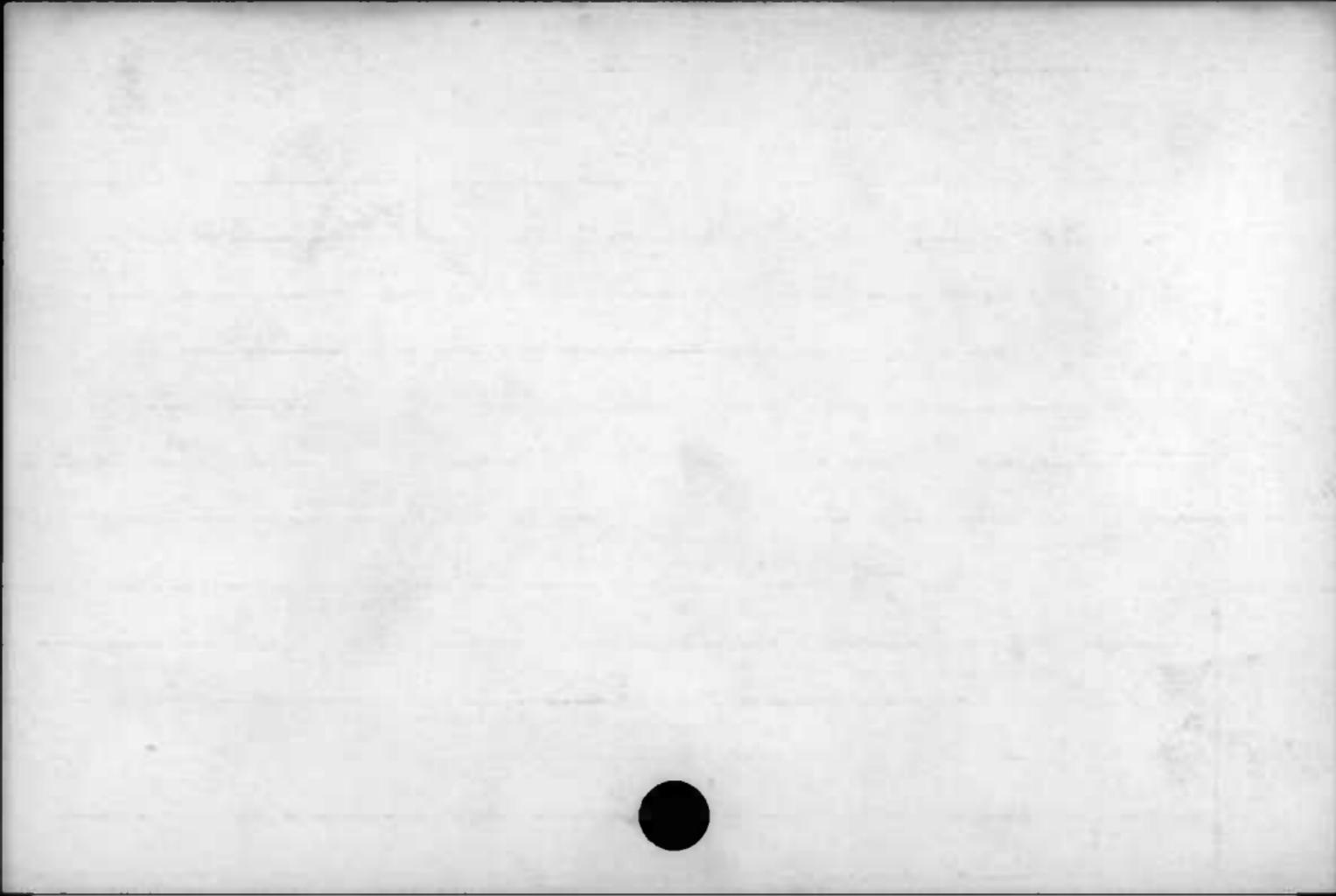
Address

J. D. S. Young M.D.

Creagerstown

Fredk Co.

Accident or Suicide?



Name
in
Full

Emmanuel Harshman

CERTIFICATE OF DEATH

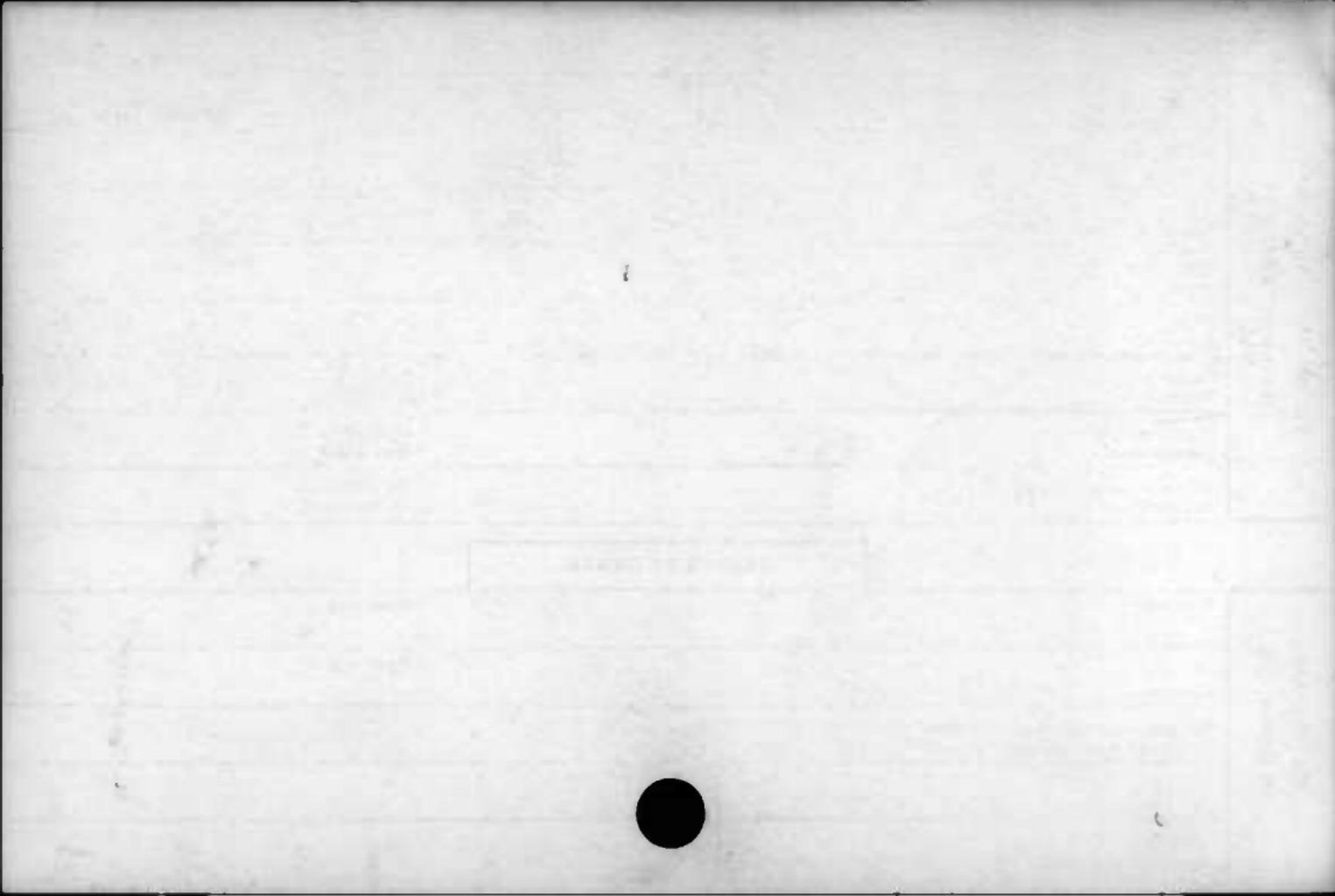
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 7	Years 58	Months 8	Days 12
Sex male	Color or Race white	Birth-place wolfsville, Md			
Married, Single or Widowed married	Occupation Farmer				
Name of Wife or Husband Margaret J. Harshman (nee Harp)					
Father's Name Daniel Harshman	Father's Birthplace wolfsville, Md				
Mother's Maiden Name Lydia Grossnickel	Mother's Birthplace Ellerton, Md				
Name of person giving Information Margaret J. Harshman	How related to deceased wife				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Bright's Disease		How long about 25 yrs.
Immediate	Uraemia		How long about a week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician A. J. Smith,	Address wolfsville, Md
Accident or Suicide?	no.		



Name in Full

Certificate of Death

Rosco W. Johnson

Died at M. Pleasant

County

Fredik.

MARYLAND

Died at	Month	Day	Age	Y.	M.	D.	Native of	Occupation
Date 1913	4	18	Male	2	3	3	County	—
	White	Married	Female	Divorced			Number of children living	
	Colored	Single						

Husband of _____

Wife

Father's Name

W. Johnson

Mother's Maiden Name

Mary Jane Martin

Cause of

Primary

How long sick

2 week

Death

Immediate

Intestinal hemorrhage.

Accident, Suicide, Homicide

Reported by

J. D. Nicodemus

Address

[Redacted] Halkensville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Mrs Anna M. Keefer

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	Frederick	County	MARYLAND	
Date of death 1903	Month	Day	4	Years	Months	Days
Sex	Female	Color or Race	White	Birth- place	Frederick	
Married, Single or Widowed		Occupation		Farmer		
Name of Wife or Husband		Chas H. Keefer				
Father's Name		David Keeney		Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	11 years
Immediate	Exhaustion	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W. W. Combs
		Address	Frederick
Accident or Suicide?			W. W. Combs

Mr Oliver County -

2 o'clock

Monday Apr 6 1903

C. C. County
FD

Amanda E Kefauver

Died at	Town	County	MARYLAND
	Middletown	Fredrick	
Date 19	Month	Day	Native of
03	Apr	21	And
Male	Age	Y. M. D.	Occupation
Female	Married	63-6-5	Housenage
	White	Widow	
	Colored	Divorced	
	S-	Widower	Number of children living

Husband of D.E. Kefauver
 Wife Egrah Lucy den Mother's 53
 Father's Name Maiden Name

Cause of Primary Hodgkin's Disease

Death Immediate Lymphatic infection

Reported by Ed Beckley Jr

Address

How long sick 2 yrs

Accident Suicide Homicide

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

re C. Gute, Undertaker



4

Ann E. Keller

Town

County

Died at

Middletown Frederick MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

~~Malon~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

~~Widower~~

Number of children living

3

Husband of

William Keller

Wife

Father's

Name

John Orr

Mother's

Maiden Name

Elizabeth Haupt

Cause of

Primary

Chronic Bright Disease

How long sick

one year

Death

Immediate

Terminal Coma

190

Accident, Suicide, Homicide

Reported by

A. A. Lawton, M.D.

Address

Middletown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Annie King

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Mount Pleasant	Frederick			
Date of death 1903	Month 4	Day 16	Age 1	Years	Months 3
Sex	Female	Color or Race	White	Occupation	Birth- place Frederick Co
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Calvin Luther King		Father's Birthplace	Frederick Co	
Mother's Maiden Name	Mary Susan McLean		Mother's Birthplace	Frederick Co	
Name of person giving Information	Grand Father		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough & Pneumonia	How long	two weeks
Immediate	Obstruction of Brain	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. H. Leib
Kenny Beimbrink	Address	Mount Pleasant, Frederick County, Md.	
Lab Registerers			



Name
in
Full

Mary J King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Mount Pleasant	Frederick			
Date of death	Month	Day	Years	Months	Days
1903	4	1	3	4	19
Sex	Female	Color or Race	White	Birth-place	Mount Pleasant
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Belvoir L. King				
Mother's Maiden Name	Mary S McLean				
Name of person giving Information	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles Whooping cough	How long	3 weeks
Immediate	bougentin of Lunys	How long	six hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Joseph H. Leib
Yes		Address	Mount Pleasant
Henry Beimbris Probate Registrar		Frederick County, Md.	
Accident or suicide		LIBRARY BUREAU OF A.R.S.	



Harry B. N. Lain

Town *Wen Frederick* *County* *Frederick*

Died at

MARYLAND

Date 1903

	Month	Day	Y.	M.	D.	Native of	Occupation
	april	21st	1	2	18	Md.	—
Male	White	Age	Married	Widow	Divorced		
Female	Colored		Single	Widower		Number of children living	

Husband of

Wife

Father's Name

John Lain *S* Mother's *Mary Hedges*
Maiden Name

Cause of Death

Death

Primary

Immediate

Asthma Cough *about 3 weeks*
Bronchopneumonia *Accident, Suicide, Homicide*

Reported by

*Frank**Hedges Mill,
Frederick Md.*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mt Olivet Cemetery

Apr 24 1900

C. C. Bailey

40

Name
in
Full

Franklin Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month April	Day 18	Age 76(?)	Months ✓
Sex	Color sd	Birth- place	Days ✓	
Married, Single X Widowed	Occupation	Dorchester Co., Md.		
Name of Wife or Husband ✓				
Father's Name X	Father's Birthplace ✓			
Mother's Maiden Name ✓	Mother's Birthplace ✓ -			
Name of person giving Information	How related to deceased ✓			

CAUSES OF DEATH

POLICE
OR CORONER

Primary	Old age - Paralysis bl	How long ✓
Immediate	Chronic	How long ✓

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. S. Maynard

Address

17 Second St. W.

Accidental Suicide?



Name
in
Full

William Macafee

CERTIFICATE OF DEATH

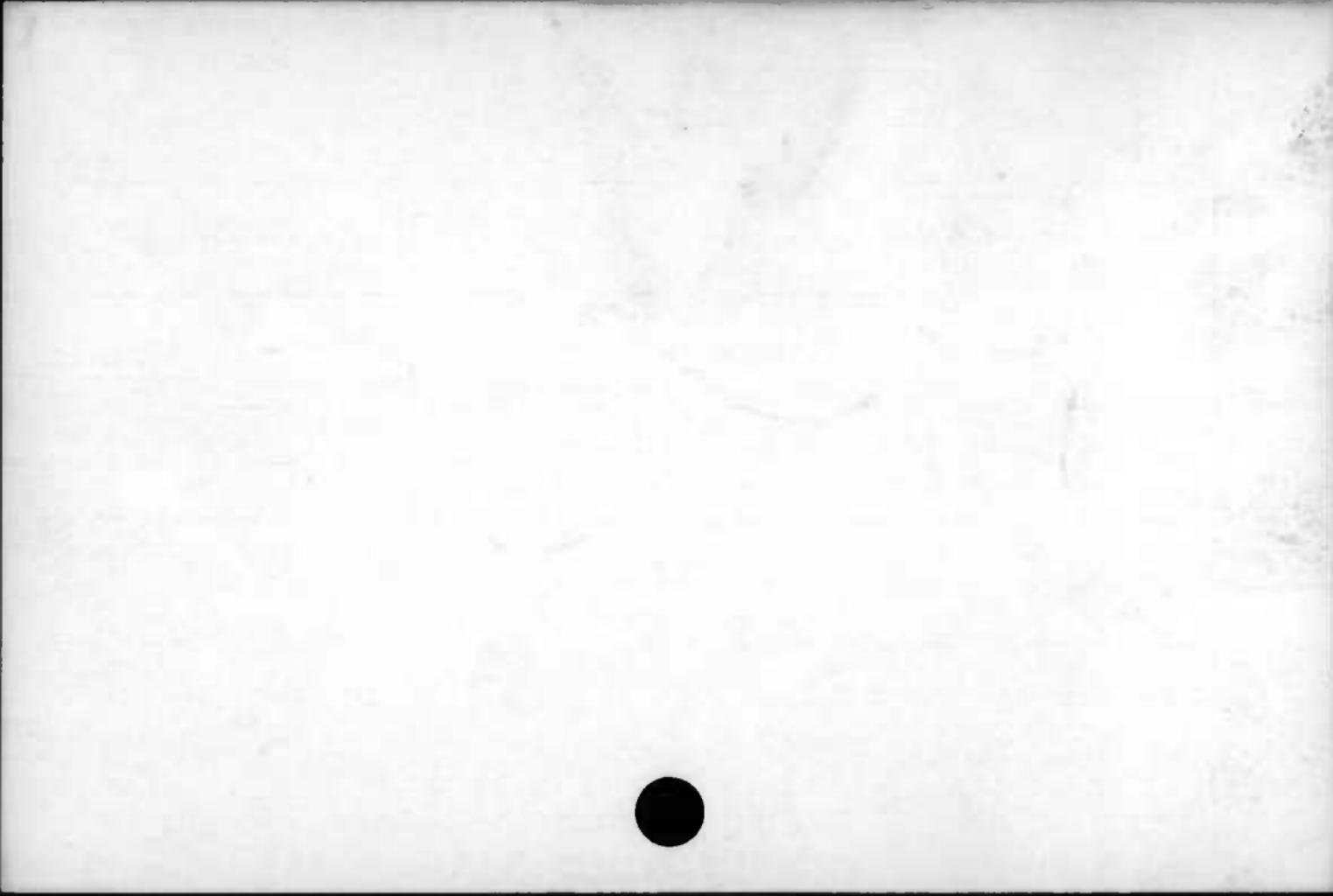
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 24	Years 1	Months 3	Days
Sex male	Color or Race	white	Birth-place	Fowlell	
Married, Single or Widowed	Single		Occupation	child	
Name of Wife or Husband					
Father's Name	Isaac Mc Afee			Father's Birthplace	
Mother's Maiden Name	Ellen Lister			Mother's Birthplace	
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough	8	How long	months
Immediate	Pneumonia	8	How long	9 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Morris Abensky	
		Address	Thurmont Md.	
Accident or Suicide?	~			



Name in Full

Certificate of Death

Orphelia Elanore Miller

Town

County

Died 2 miles South of Buddltown Laredock

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1903

Apr 17

Age

~~Married~~

Single

1-5-14

Widow

Widower

~~Divorced~~

Number of children living

Female

~~Colored~~

White

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Lorenzo J. Miller

Maiden Name

Ellen J. Clipp'

How long sick

11 days

Accident, Suicide, Homicide

Reported by

E L Beckley Jr D

Address

Buddltown [redacted] Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. C. Fleet, Under-taker

Name
in
Full

Souise E Mills

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month April	Day 23	Years 2	Months	Days
Sex Female	Color or Race white	Birth-place Brunswick			
Married, Single or Widowed single	Occupation none				
Name of Wife or Husband					
Father's Name Chas Mills	Father's Birthplace md				
Mother's Maiden Name Louise E. Fouch	Mother's Birthplace md				
Name of person giving information Sarah E. Fouch b.	How related to deceased Grand mother				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Measles & Bronchitis pneumonia	How long	5 days
	Immediate	Heart failure	How long	1/2 hour
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	a. G. Horine	
		Address	Brunswick, Md	
Accident or Suicide?				

8
2



Name
in
Full

Mrs Barbara Morse -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Brudenell	City	Brudenell	County	MARYLAND	
Date of death 1903	Month	4	Day	29	Years	+	Months
Sex	Color or Race	Female	White	Age 72	Birth- place	60	Days
Married, Single or Widowed	Occupation	Married			Husband		
Name of Wife or Husband		M. P. Morse -					
Father's Name	George Lease -			Father's Birthplace	60		
Mother's Maiden Name	Amy C. Ulrich			Mother's Birthplace	60		
Name of person giving Information	Mrs Lucy Yinger -			How related to deceased	Dy		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Obstruction of Bowels -	How long	08
Immediate	Exhaustion -	How long	10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Franklin Buchanan Kniff
		Address	Brudenell
Accident or Suicide?			MD



Name
in
Full

Henry J. Murphy

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 3 April	Day 8	Years	Months one	Days
Sex	Male	Color or Race	White	Birth-place	Pearl
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name	W E Murphy		Father's Birthplace	Pearl	
Mother's Maiden Name	Mary Philp		Mother's Birthplace	Pearl	
Name of person giving information	Franklin A Moller		How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Malnutrition	151	How long
	Immediate	Ephaudia		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. G. W. Conner	
		Address	Federick MD	
Accident or Suicide?				

Interment at
Mt Carmel
Apr 10 - 1903

C. C. Cady -
J.D.

Name
in
Full

Annie Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Moutain Forest</u>		County <u>Montgomery Co Md</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>April</u>	Day <u>21</u>	Age <u>70(1)</u>	Months	Days	
Sex <u>Female</u>	Color or Race <u>2d</u>					Birth- place <u>Mountain Md</u>
<u>Married, Single or Widowed</u>	<u>Single</u>	Occupation <u>None</u>				
Name of Wife or Husband						
Father's Name <u>Dorothy Brown</u>	Father's Birthplace					
Mother's Maiden Name <u>Dorothy Brown</u>	Mother's Birthplace					
Name of person giving Information	Habits related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Paralysis.</u>	<u>66</u>	How long
Immediate	<u>Chancery</u>		How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. S. Maynard.

Address

17 Second St. W.

Am I correct?

Yes

Interment at Government Camp,

" April 23, 1903

A. T. Rice & Sons.

Benjamin Dickols

Town

County

Died at *Braddock*

MARYLAND

Month April

Day 11

Y.

M.

D.

Native of

Fredenick

Occupation

*Laborer*Date *1903*

Male

White

Age *75**-7-24**Ind*

Female

Colored

Single

Widower

Number of children living

Husband of
Wife

Father's Name

*Henry Dickols*Mother's Name *Mary Good*

Cause of Death

Primary

*Age**15*

How long sick

Death

Immediate

General Failure of vital forces Accident, Suicide, Homicide

Reported by

H.C. Fleet (undertaker)

Address

*Franklin Ind**X*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

(over)

Was not attended by a
physician - information
obtained from family
to be buried at
Middletown

Alexander Noland

Town

County

Died at

Frederick

Frederick

MARYLAND

Date 1913

Month 4

Day 25

Y.

M.

D.

Native of

Male

W—

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

~~Husband~~

of Wife

Georgina Turcine

Father's

Mother's

Name

Name

Cause of

Primary

How long sick

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

G. G. Gandy

Funeral Director

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Joanna Odell

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County				
Date of death 1903		Month 4	Day 22	Age 81	Years	Months 7	Days 0
Sex Female	Color or Race	White		Birth-place		Md.	
Married, Single or Widowed		Occupation					
Name of Husband		Widow H.R.					
Father's Name		John Odell deceased		Father's Birthplace	Mass		
Mother's Maiden Name		Henry Howell		Mother's Birthplace	Mass		
Name of person giving Information		Mary Gifford		How related to deceased	daughter		
John Odell deceased							
Amelia Odell							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Emile Debility

151

How long

2 years

Immediate

Exhausted

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

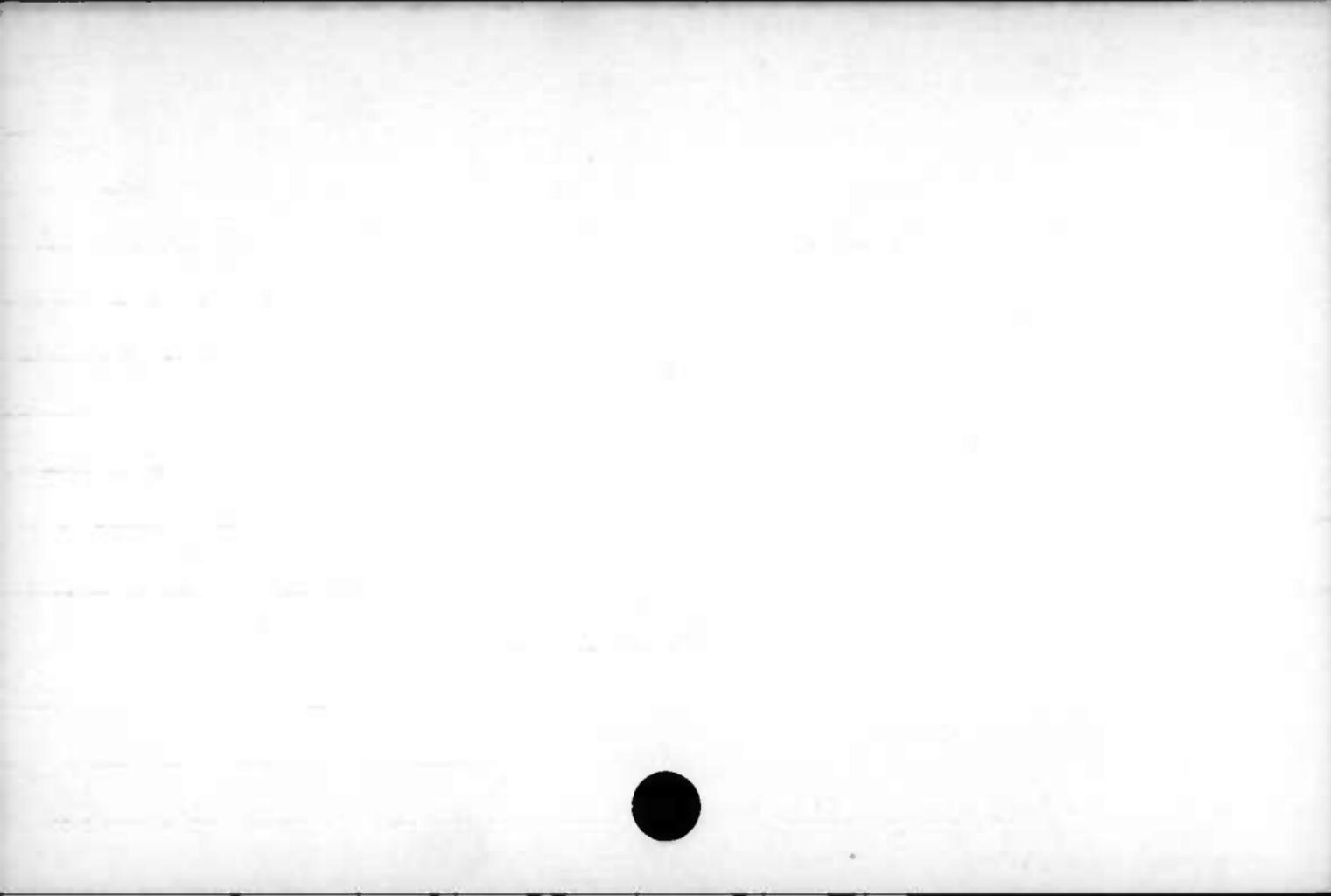
Address

Chas. F. Gordon MD

Fredens., Md.

Accident or Suicide?

No



Name
in
Full

George Thomas Finney

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Frederick

County
Frederick

MARYLAND

Date
of death 1903 Month 3 Day 27

Age 15 Years 15 Months 3 Days 15

Sex Male Color or Race

Colored Birth-place

Md.

Married, Single
or Widowed

Single

Occupation

Waiter

Name of Wife or
Husband

George J. Finney

Father's
Birthplace

Md

Father's
Name

Ellen Blackston

Mother's
Birthplace

Md,

Mother's
Maiden Name

George D. Finney

How related
to deceased

Father

Name of person giving
Information

CAUSES OF DEATH

Primary

Poison

How long

3 days

Immediate

Cerebral Hemorrhage

How long

Indefinite

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

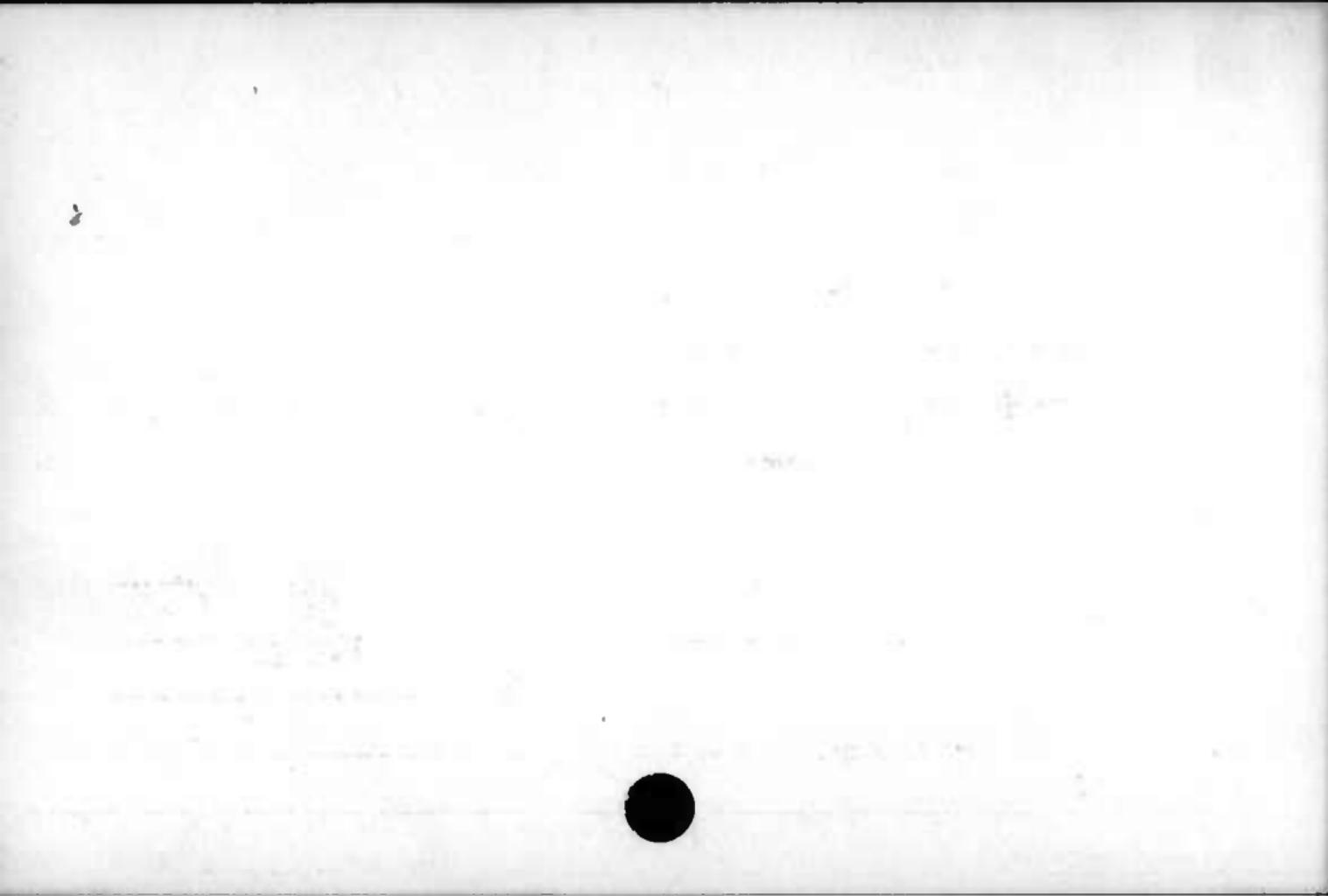
Dr G. Bourne

Address

57 All Saints St
Frederick, Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Millard F Poole,

Town

Sabillasville

County

Died at

Frederick

MARYLAND

Month

Day

Y.

M.

D.

Native of

I

Occupation

Date 1903

April 4

Age 3

♂

1/3

Sabillasville

Male

White

Married

Widow

Divorced

Female

Cured

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Lawson O. Poole

Mother's Maiden Name

Annie Ott

Cause of

Primary

Pneumonia

How long sick

2 weeks,

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr C. L. Stachter

93

Address

Sabillasville



Md.



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Jesse D Price.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Age	Years	Months Days
Sex	Color or Race	Occupation	Birth- place		
Married, Single or Widowed		None			
Name of Wife or Husband	Mary C. Price				
Father's Name	+	63	Father's Birthplace	-	
Mother's Maiden Name	+		Mother's Birthplace	-	
Name of person giving Information	W. S. Van Fossen. Clerk.		How related to deceased	-	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Posterior Spinal Sclerosis	How long Don't know
Immediate	Exhaustion	How long +
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician S. S. Hayman
		Address 17 Second St. W.
Accident or Suicide? X		



Name
in
Full

Naomi Rickards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 4	Day 1	Years	Months	Days
Sex Female	Color or Race White	Occupation	Maryland		
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Geo. Rickards	Father's Birthplace	Baltimore Md		
Mother's Maiden Name	Ella. White	Mother's Birthplace	New London		
Name of person giving Information	E. T. Schaefer	How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

151

How long

Immediate

Exhaustion

How long

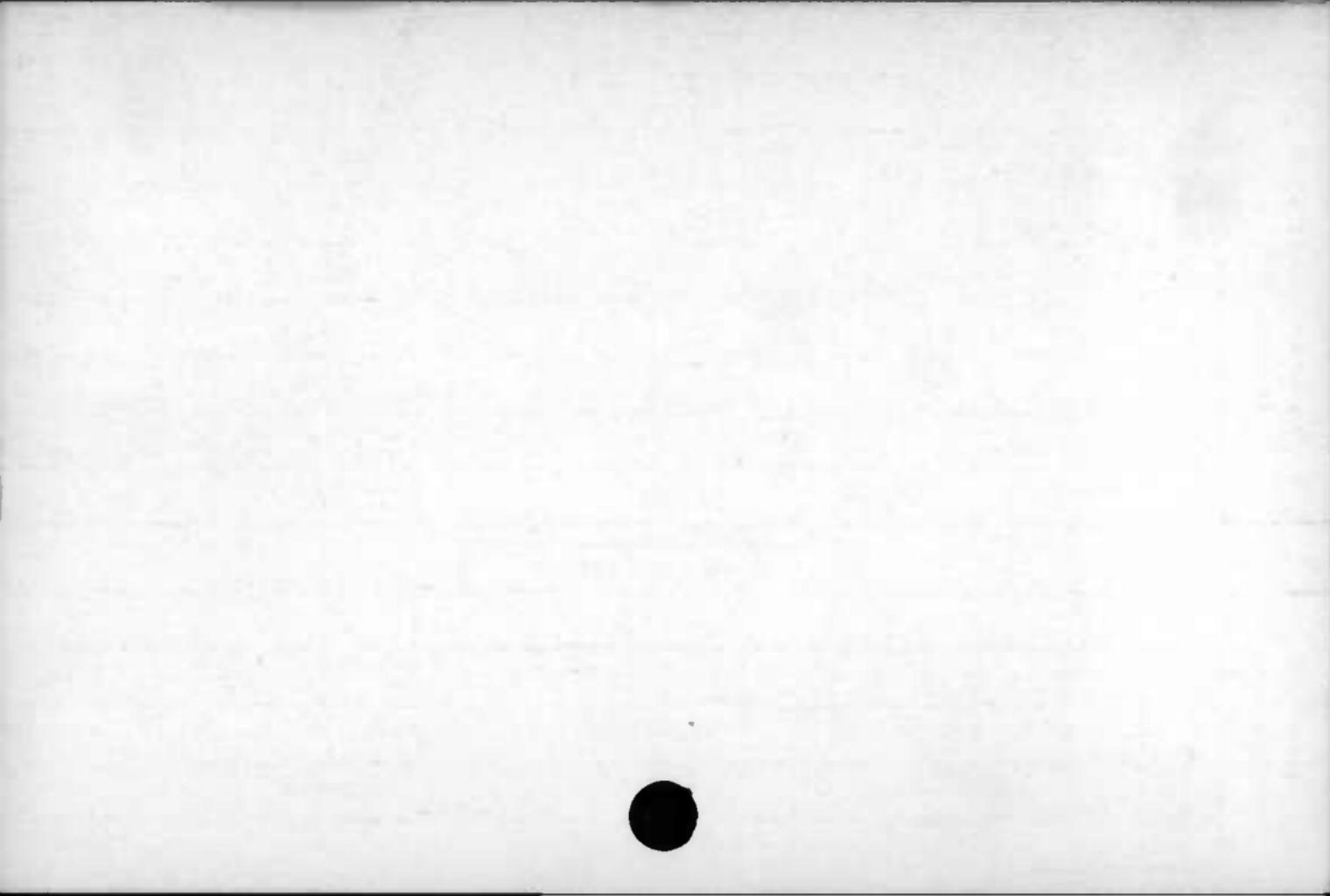
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Edward T. Schaefer
Under-taker
Frederick Md

Accident or Suicide?



Name
in
Full

Milton Bridgely

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1903	Month April	Day 16	Years About - 60	Months Days
Sex Male	Color or Race Black	Occupation Leather	Birth- place Not-Runn	
Married, Single or Widowed Married				
Name of Wife or Husband Mary Green				
Father's Name Joshua Bridgely				Father's Birthplace Not-Runn
Mother's Maiden Name Do not-Runn				Mother's Birthplace Not-Runn
Name of person giving Information Margaret Lansel				How related to deceased None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Paralysis	How long 1 Year
Immediate Heart-failure	How long Immediate
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician J. Thomas Sivis
A. L. on file as Runn	Address Liberty town Md.
Accident or Suicide?	



Name
in
Full

John Henry Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 5 th	Age 24	Years	Months 3 Days 21
Sex Male	Color or Race Colored	Birth-place Frederick			
Married, Single or Widowed Single	Occupation				
Name of Wife or Husband					
Father's Name	John Henry Roberts				
Mother's Maiden Name	Ardell Sydney				
Name of person giving Information	Ardell Sydney Roberts				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Consumption
Exhaustion, Cardiac Neglect

How long

About 12 mos.

Immediate

How long

2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. W. G. Burne

Address

52 W. All Saints St
Frederick, Md.

Accident or Suicide?



Name
in
Full

Maria Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	Birth- place	—	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name		Father's Birthplace				
Mother's Maiden Name		Mother's Birthplace				
Name of person giving Information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dr. L. J. Reid & Son had a hemorrhage
on back day wrote.

How long

1 m. 24.

Immediate

Paralysis of heart

How long

1 m.

Are the name, age, sex, color, date
and place correctly given above?

X

Signature of
Physician

S. S. Maynard,

Address

17 Second St. W.

Accident or Suicide?



Name
in
Full

Catharine A. Roderick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Frederick		Frederick	
Date of death	Month	Day	Years Months Days
1903	April	20	68 0 0
Sex	Age	Color or Race	Birth-place
Female	68	White	Med.
Married, Single or Widowed	Occupation		
Widow	John Roderick, dec'd.		
Name of Wife or Husband			
Father's Name	John J. & Sonseffey		
Mother's Maiden Name	Catharine Shope		
Name of person giving information	Mollie Roderick		
How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

12 days

Immediate

Asthma

How long

Are the name, age, sex, color, date and place correctly given above?

yes

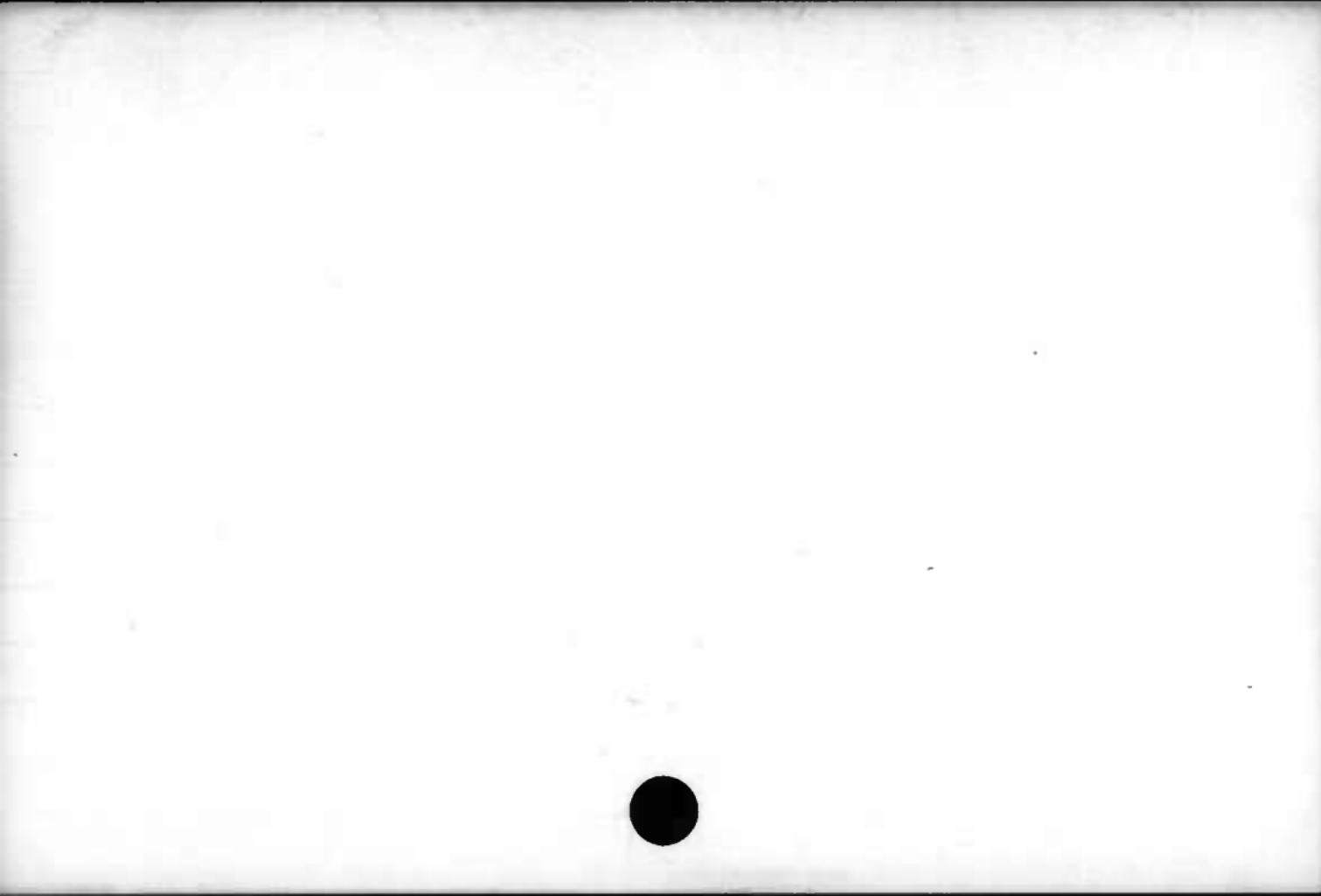
Signature of Physician

Address



L. V. Haffey, M.D.
Frederick, Md.

Accident or Suicide?



Lizzie Nails Russell

Town

County

Teller

Fair

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Apr 11

Age 20

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband

of

Robert Russell

Wife

Father's

Name

Henry Nails

Mother's

Maiden Name

Charlotte Nelson

Cause of

Primary

Acute Septic Endometritis

How long sick

Death

Immediate

020

6 day

Accident, Suicide, Homicide-

Reported by

T. C. Lyon Franklin Md.

Address

Buckley town



Md



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Baker T. Silence

13,

Town		County				
Died at	Jamestown		Frederick			MARYLAND
Date	Month	Day	Y.	M.	D.	Native of
1903.	4	14	Age 83-	3	5	U.S.
	Male	White	Married	Widow	Divorced	Occupation
	Father	Colored	Single	Widower		Shoemaker
Husband of	Susan Peters					Number of children living
Wife						/
Father's Name	Richard Silence			Mother's Name		Elizabeth Silence
Cause of Death	Primary	Arteriosclerosis & aneurysm			How long sick	3 months
Death	Immediate	Exhaustion				Accident - Stroke - Heart attack
Reported by	Dr Geo. H. Riggs					81
Address	Jamestown					Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

- 9

Name
in
Full

Roseanna C. Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Frederick	Frederick	
Date of death 1903	Month April	Day 15	Years 82
Sex Female	Color or Race White	Birth-place Md	
Married, Single Widowed	Occupation		
Name of Husband	John A. Simmons	Father's Birthplace	Frederick
Father's Name	John Fessler	Mother's Birthplace	"
Mother's Maiden Name	Susan Barr	How related to deceased	Son
Name of person giving information	John A. Simmons [54]		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Several breaking down from age	How long	six months
Immediate	Pulmonary Adema due to failure of heart	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Wm. Campbell Johnson
		Address	Frederick Md

Accident or Suicide?

No

Mt Olivet Cemetery
Monday 20th
6.6.6 early

Name
in
Full

John F Smith

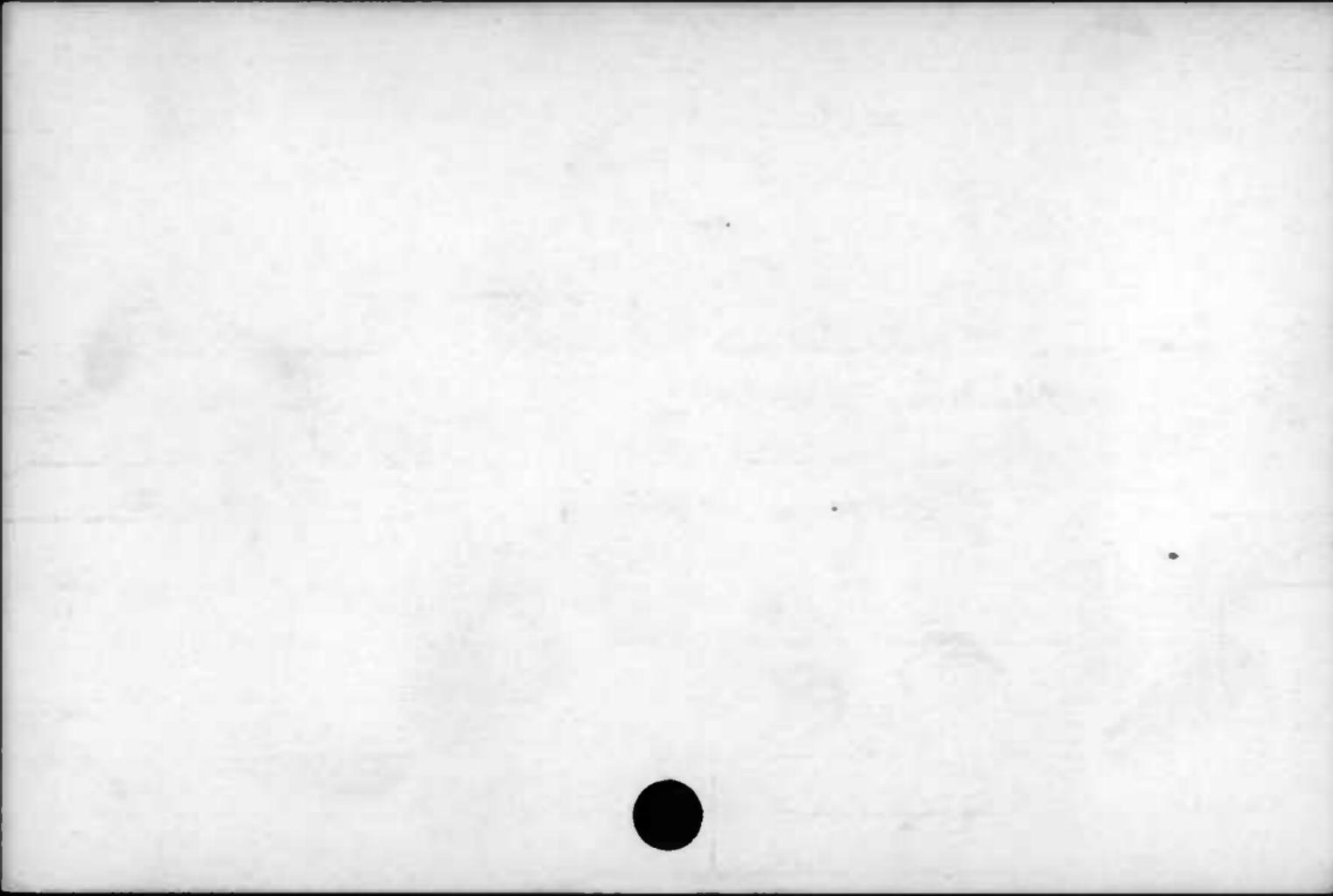
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Fredens	Fredens				
Date of death 1908	Month 4	Day 28	Age	Years	Months
			—	—	6
Sex Male	Color or Race Black	Occupation	Birth-place	Fredens Md	
Married, Single or Widowed	X X	X X			
Name of Wife or Husband	X X	X			
Father's Name	Charles F. Smith		Father's Birthplace	Fredens Md	
Mother's Maiden Name	Addie Fioroler		Mother's Birthplace	" " "	
Name of person giving information	Addie Smith		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Capillary Bronchitis	How long	3 days
	Immediate	Ecthymic	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. A. Long
			Address	37 & Polk St.
Accident or Suicide?				



Name
in
Full

Victor a Staley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Frederick	County	Frederick	MARYLAND		
Date of death 1903	Month April	Day 4	Years Age 28	Months 1	Days 12		
Sex Male	Color or Race White	Birth-place					
Married, Single or Widowed Married	Occupation US Letter carrier						
Name of Wife or Friend D Catherine Trout							
Father's Name Jonathan Staley	Father's Birthplace Frederick Co						
Mother's Maiden Name Jane Shook	Mother's Birthplace Frederick Co						
Name of person giving information Mrs Harry Abbott	How related to deceased Sister						
CAUSES OF DEATH							

Primary Cirrhosis of Liver (liver) How long _____ ?
Immediate Heart failure, & due to ^{deposition} of fat at How long _____

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. C. Connelly
Frederick Md.

Accident or Suicide? No

Mt. Clemency
10:30 am Monday
April 6th - 1903

G. G. Gandy

Name
in
Full

Henry Clay Stauffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death 1903	Month 4	Day 26	Age 51	Years	Months 5	Days —
Sex Male	Color or Race White	Birth- place Walkersville, Md.				
Married, <u>S</u> <u>W</u>	Occupation Merchant, Dairymen & Farmer.					
Name of Wife or Husband						
Father's Name Henry Stauffer						Father's Birthplace Walkersville Md.
Mother's Maiden Name Matilda Magruder.						Mother's Birthplace Montgomery Co. Md.
Name of person giving Information J. S. Nicodemus						How related to deceased In no way.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral hemorrhage (cerebral)

How long

4 years.

Immediate

& unknown

How long

5 to 6 hours.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

- Address

J. S. Nicodemus M.D.
Walkersville, Md.

Accident or Suicide?

9

Name
in
Full

Mary Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>MP Pleasant</u>		Town	County <u>Frederick</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>Aug</u>	Day <u>9</u>	Age <u>40</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>House wife</u>		Birth-place <u>County</u>		
Married, <u>S</u> <u>Widowed</u>						
Name of Wife or Husband						
Father's Name <u>David Crum</u>						Father's Birthplace <u>Frederick Co</u>
Mother's Maiden Name						Mother's Birthplace
Name of person giving information <u>Dr Ed Stone</u>						How related to deceased <u>None</u>

CAUSES OF DEATH

Primary	<u>Pulmonary Consumption</u>	How long
Immediate	<u>Exhaustion</u>	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ed Stone

Accident or Suicide?



Name
in
Full

Samuel Sumner

CERTIFICATE OF DEATH

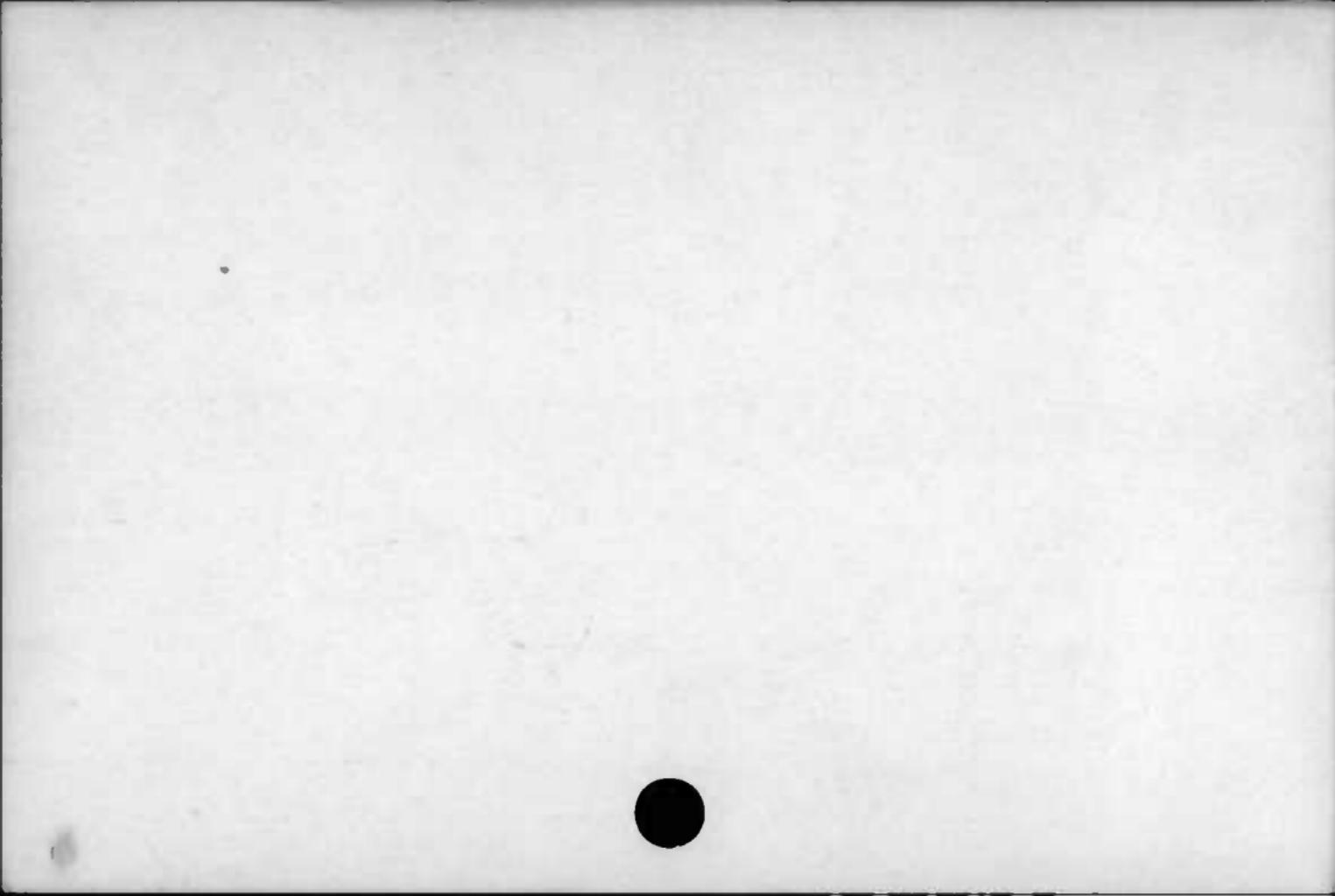
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 13	Years Age 42	Months	Days
Sex Male	Color or Race White	Birth-place Md			
Married, Single or Widowed	single	Occupation Machinist			
Name of Wife or Husband					
Father's Name	Isaac P. Sumner				
Mother's Maiden Name	Mary E. Gonso				
Name of person giving information	Frank Sumner				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Nephritis	120	How long ?
Immediate	Hemiac Coma		How long ?
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Wm. Campbell, M.D.	Address Frederick Md
Accident or Suicide?	Patient died under anesthesia 12 hours		



Sofilia Thaler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days
Sex	Color or Race				
Married, Single or Widowed	Occupation				
Name of Husband	Edward Thaler				
Father's Name	C. H. Dunkhorst.				
Mother's Maiden Name	Catherine M. —				
Name of person giving information	Freddy Heinlein				
Father's Birthplace	Germany				
Mother's Birthplace	Germany				
How related to deceased	Brother in law				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Angina Pectoris 80

How long

Immediate

Paralysis of heart

How long
 $\frac{1}{2}$ hours.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

S. S. Haynard.

Address

17 Second St N.

X

Murder Suicide



Name
in
Full

Theodore R Thomas

CERTIFICATE OF DEATH

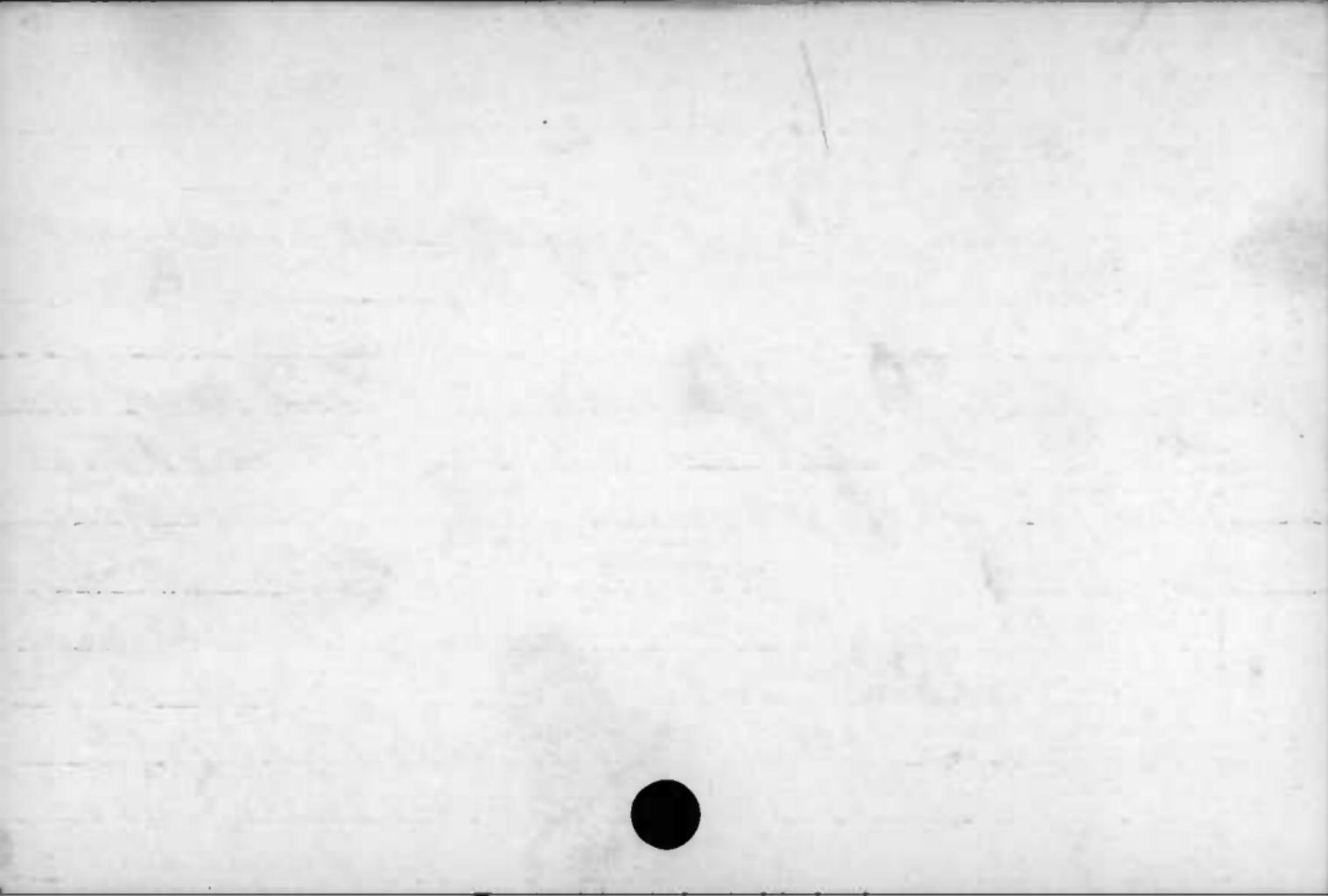
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 3rd	Years —	Months 1	Days —
Sex male	Color or Race Colored	Occupation	Frederick		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Hon H. Thomas		Father's Birthplace	St Marys City	
Mother's Maiden Name	Ida Tyler		Mother's Birthplace	Frederick	
Name of person giving information	Ida Thomas		How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	Several days	
Immediate	Exhaustion	93	How long	Guldford
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr W G Brown	
		Address	5217 All Saint Frederick	
Accident or Suicide?				



Name
in
Full

Charlotte B. Thrasher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County
Died at Near Jefferson	Frederick
Date of death 1903	Month April Day 1st
Age 52	Years — Months — Days 29
Sex Female	Color or Race White
Occupation	Birth-place Frederick Co
Married, Single or Widowed Married	House Wife
Name of Wife or Husband Thomas S. Thrasher	
Father's Name	Father's Birthplace
Mother's Maiden Name	Mother's Birthplace
Name of person giving information	How related to deceased

CAUSES OF DEATH

Primary	Typhoid Pneumonia	
Immediate		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician D.A. B. Gross.
Jefferson	Address Frederick Co Md	
Accident or Suicide?		

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Stanley Wachler

Town

Adenslader

County

Freel

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Md

Occupation

Clerk,

Date 1903

4 21

Age 19

7

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Eugene A Wachler

Mother's

Maiden Name

Addie K Green

How long sick

3 weeks

Cause of Death

Primary

Hypertension

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

O K Conley ✓
Adenslader
me

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Eli Waite Barnes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month 4	Day 11	Age 79	Years	Months 10	Days 10
Sex Female	Color or Race white	Occupation domestic		Birth-place Daysville, Md.		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name					Father's Birthplace	
Mother's Maiden Name	Biddinger				Mother's Birthplace	
Name of person giving information	J. D. Meodemus				How related to deceased no way.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis (cerebral hemorrhage)	How long months
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician Address
Accident or Suicide?	J. D. Meodemus Halkersville Md.	



Name
in
Full

Joseph Webb

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month April	Day 29	Years 34	Months 10	Days 20
Sex Male	Color or Race white	Birth-place Va			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Married Engineer				
Father's Name	Joseph R Webb		Father's Birthplace	Va	
Mother's Maiden Name	Elizabeth Thompson		Mother's Birthplace	Va	
Name of person giving Information	Mrs Joseph Webb		How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long
Immediate	Typhoid fever	How long 20 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	A. G. Honnies
	Address	Brinsford, Md.
Accident or Suicide?		



Edward R. Weddle.

Town

County

Died at Frederick

MARYLAND

Date 1903	Month 4.	Day 8.	Y. 1.	M. 2.	D. 7.	Native of Frederick	Occupation Clerc.
Male	White		Age	Married	Widow	Divorced	
Female	Colored			Single	Widower	Number of children living	

Husband of

Wife

Father's Name

Edward R. Weddle.

Mother's Name

Lora A. Weddle.

Cause of Primary Convulsions How long sick

4 months.

Death Immediate

Cerebral Paralysis.

Accident, Suicide, Homicide

Reported by W. G. Schaeffer M.D.

Address Frederick Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



1

Sarah Elizabeth Weddle

Town

County

Died at Ellerton Frederick

MARYLAND

Date 189	Month 4	Day 14	Y. Age 38	M. 6	D. 18	Native of Md.	Occupation Housewife
1903							
Male	White	Married		Widow		Divorced	
Female	Colored	Single		Widower		Number of children living 5	

Husband of

Wife Martin Luther Weddle

Father's

Name Ellerton Hoover

Mother's

Name Rebecca Hoover

Cause of

Primary

La Grippe

10

How long sick

17 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Ralph Browning

Address

Myersville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Peter Weinkicher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Brunswick	Frederick	
Date of death	Month	Day	Years
1903	4	9	60
Age	Months	Days	
Sex	Color or Race	Birth-place	
Male	White	Germany	
Married, Single or Widowed	Occupation		
Married	Saloon Keeper		
Name of Wife or Husband			
Jennie Syree			
Father's Name	Nicholas Weinkicher	Father's Birthplace	Germany
Mother's Maiden Name	Mary Wise	Mother's Birthplace	Germany
Name of person giving Information	Jennie Weinkicher	How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

176

How long

Immediate

Killed by pistol shot

How long

at once

Are the name, age, sex, color, date and place correctly given above?

yes

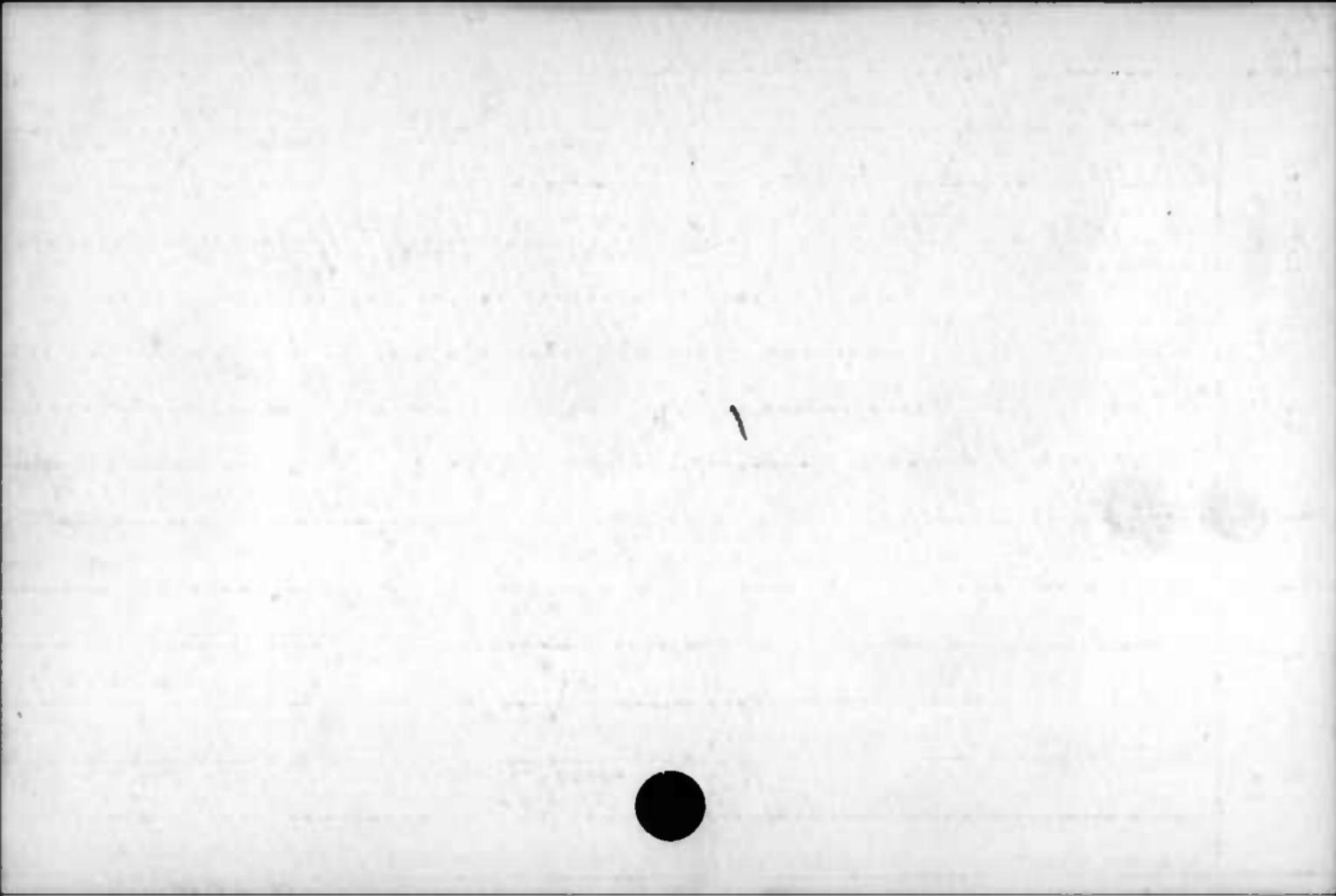
Signature of Physician

A. G. Horne & coroner

Address

Brunswick Md

Accident or Suicide?



Name
in
Full

Chas E. Whitmire

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Rocky Ridge	Breckinridge			
Date of death 190	Month 3 April	Day 9	Years 28	Months 0	Days 28
Sex male	Color or Race white	Birth-place			
Married, Single or Widowed	Occupation				
Married	Gardener				
Name of Wife or Husband					
Father's Name					
James A. Whitmire					
Mother's Maiden Name					
Catherine Dunes					
Name of person giving Information					
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

1 year

Immediate

22

How long

Are the name, age, sex, color, date and place correctly given above?

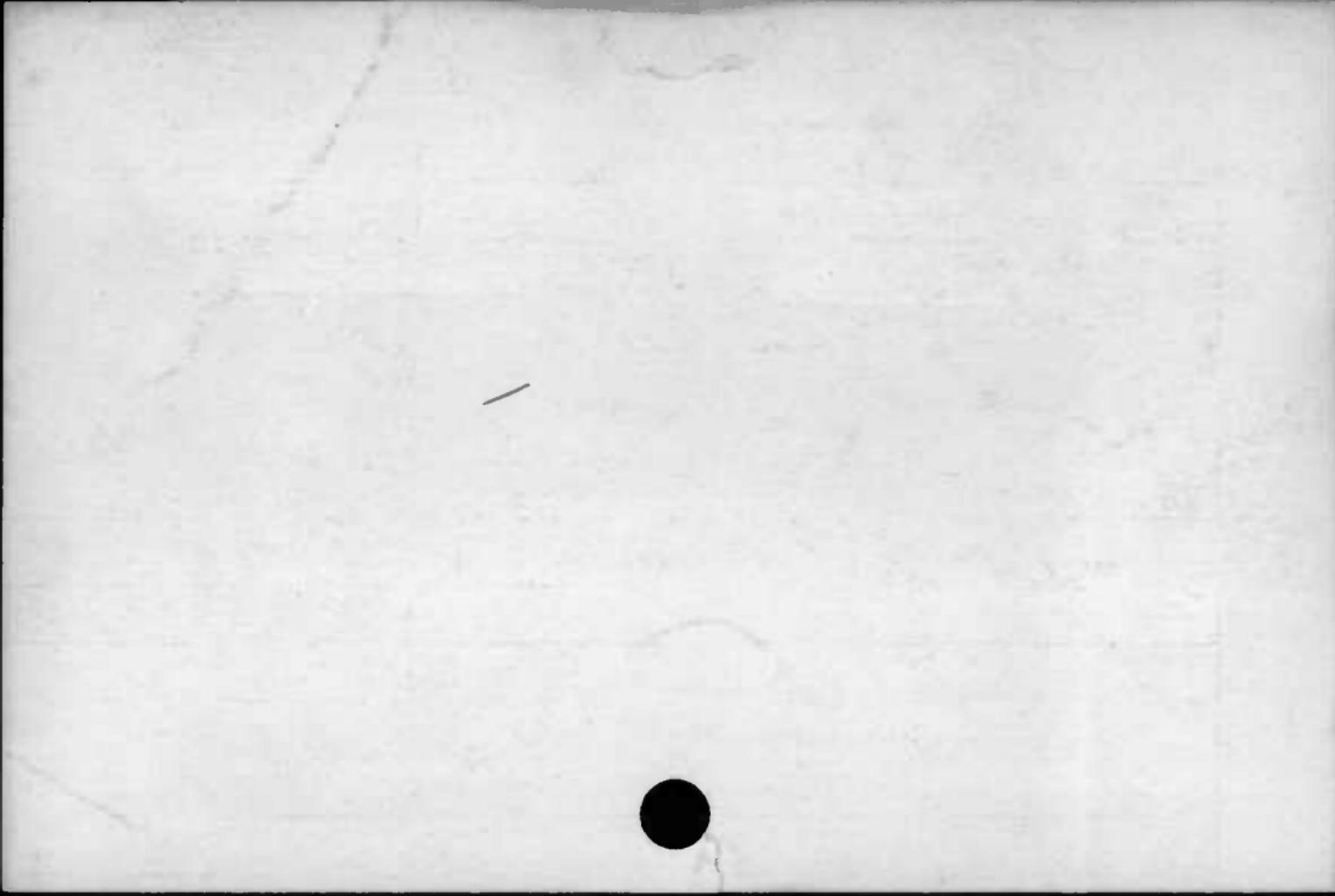
yes

Signature of Physician

Address

Morris A. Birky
Thurmont
Md.

Accident or Suicide?



Name
in
Full

Charles E. Wilhide

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Died at Eyles Valley		County	Frederick		
Date of death 1903	Month April	Day 18	Years 3	Months 8	Days 16	MARYLAND
Sex Male	Color or Race White	Birth-place Frederick Co., Md.				
Married, Single or Widower <u>Single</u>		Occupation				
Name of Wife or Husband						
Father's Name Charles Wilhide		Father's Birthplace				
Mother's Maiden Name Martha Egler		Mother's Birthplace				
Name of person giving information Father		How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Measles	How long
Immediate	Pneumonia	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician James R. Valer

Address

Accident or Suicide?

6

Name
in
Full

Ruth

Zinnemann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	Died near Walkersville			County	Maryland	
Date of death 1903	Month 4	Day 10	Age —	Years	Month 1	Days —
Sex Female	Color or Race White	Occupation	Birth-place Frederick Co.			
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Delyston M. Zinnemann			Father's Birthplace	Fred R. Co	
Mother's Maiden Name	Myra B. Heberling			Mother's Birthplace	Lynn - Co. Pa	
Name of person giving information	Adam Heberling			How related to deceased	Grandfather	

CAUSES OF DEATH

Primary

Pertomitis

How long

6 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Leibl,
Mt. Pleasant
Frederick Co.

Accident or Suicide?

